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Original Articles.

DIAGNOSTIC SIGNS IN DISEASES OF THE KIDNEY.

By Joseph T. Smith, M.D.,

Associate Professor of Medical Jurisprudence and Hygiene and Clinical Medicine, University of Maryland.

READ BEFORE THE BALTIMORE COUNTY MEDICAL ASSOCIATION AT ITS MEETING AT THE WOMAN'S MEDICAL COLLEGE, HELD APRIL 20, 1899.

THE discovery that in many cases of general dropsy, which are associated with the secretion of an albuminous urine, a primary affection of the kidneys must be regarded as the special cause of the disease, marked an epoch in medicine. Dr. Bright's discovery and the giving of it to the world in 1827 was valuable not only because it correctly interpreted for us the meaning of previously undefined symptoms, but because it directed attention to the kidneys, to the profound influence for evil which derangements of their functions occasioned and to the importance of an early recognition of their diseased conditions. These sixty-two years have been eventful ones in adding to our knowledge of the kidney and the vital part it has to perform in the economy.

The association of the name of Dr. Bright with the kidney and its diseases would be eminently proper were there only a single diseased condition in which dropsy and an albuminous urine were to be found, but because this is not the case, great as the service has been, it seems more fitting that we should honor Dr. Bright in some other way and give to the diseases of the kidney such names as will convey, at least to some extent, an idea of the conditions believed to be present in that organ. As Bright's disease may mean acute and chronic parenchymatous nephritis, acute exudative nephritis, acute productive nephritis and chronic productive nephritis, with or without exudation, it is evident that the phrase is no longer a diagnostic one, and Dr. Tyson, in the last edition of his "Practice of Medicine," gives it no place in the index, and has assigned it a secondary place among the synonyms. Recent investigators have devoted much time and thought in an effort to disentangle us from the confusion into which the nomenclature of diseases of the kidneys has been thrown; it has been their aim to secure such a grouping of the subjective and objective symptoms that, when found, these shall interpret the pathological kidney conditions as truly as the signs of a pneumonia interpret the lung changes.

We derive our information in regard to the kidney changes from clinical pictures and an altered composition of the urine; the first furnish us with dropsy and uremia, the second with albumen and casts. We note these four because of their importance, but especially because the interpretation of their presence is still open to question in many cases, and we thought on this account an interchange of views might be of profit to us all.

We recognize in dropsy an important diagnostic sign. Before the examination of the urine was resorted to to the extent it now is the appearance of edema was often the first clinical indication of a possible disease of the kidney. Dropsy, according to those eminent physiologists, Landois and Stirling, is not always a simple process, not always an escape of the watery elements of the blood from mere overdistended or too pervious blood-vessels, but it is complex. It may be due to venous congestion, more especially, if not in all instances, when this is attended by a weakness or paresis of the vaso-motor nerves, as it has been demonstrated that if these nerves lack tone a slight obstruc-

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tion is followed by edema, whereas, if these possess their full power, a marked congestion may give rise to no dropsy; to physical changes in the protoplasm of the endothelium of the capillaries and other blood-vessels; to a watery condition of the blood or an increase in its liquid elements, as in anemic dropsy.

"The important etiological factor is doubtless disease of the blood-vessels." While not positively proven, we are tending to the belief that the existence of dropsy is to be explained rather by an influence exerted upon the vaso-motor nerves or upon the endothelium protoplasm of the blood-vessels, one or both, than by a simple distension of the vessels and a transudation of fluids. "Ranvier's experiment," as the authors quoted above say, "proves that mere ligation of the venous trunk of a limb is not sufficient in itself to cause edema. The edema is due to the concomitant paralysis of the vasomotor nerves." Cohnheim's experiments show that when an artificial hydremic plethora is produced, and the renal arteries are tied, no edema resulted.

If we note the various diseased conditions of the kidney it will be found that dropsy is not a constant symptom; it has no time for its appearance corresponding to the special pathological changes in the kidney, and when found it varies greatly as to the amount of fluid and its extent. In acute nephritis and chronic parenchymatous nephritis the urine is diminished in amount, with usually an attendant dropsy. Here it may be that the diminution in the quantity of urine is not the cause of the edema, but the edema is the cause of the diminished urine. In chronic interstitial nephritis an increase in the amount of urine is noted, and dropsy, if it appears at all, does so late. In amyloid kidney there is an increase in the amount of urine, with only a moderate dropsical condition, if any, which appears late. Dropsy, therefore, as a diagnostic sign, would appear to be of value, not as pointing out the precise kidney derangements which are present, but as indicating a serious interference with the blood conditions, probably from the existence of toxines affecting the blood-vessels injuriously.

Uremia, the second sign to be noted, as defined by a recent pathologist, is "the name applied to certain clinical manifestations, probably caused by the retention of toxic substances in the blood which ordinarily are excreted with the urine." When present uremia would thus indicate a faulty kidney, but as its manifestations are so varied it is necessary to go a step further and to inquire whether these are due to a single cause or to many. Sufficient light cannot be thrown upon the question until our chemical analysis of the urine is ahead of what it is today. We are, however, tending to the belief that not one cause, but many are to be found; more than a single toxic substance is concerned in producing the entity we are pleased to call uremia. That the condition is due only to the presence of urea in the blood, or that coma and convulsions are due to an anemia or edema of the brain, we no longer believe. We are disposed to take a more intelligent view of the condition at the present day and to regard it as one of poisoning, not by one, but by many poisons, and hence subject to all the changes which such might occasion. Some may be similar, but not identical, as we find alcohol, chloroform and ether derived from the same source and acting by diminishing or suspending the functional activity of the cerebrum after a preliminary stage of excitement, and yet producing effects apparently so different that care is needful in order to see each in its true light.

Experiments show that urea will produce vomiting and diarrhea; in animals a double nephrectomy, as noted by Herter, occasioned no delirium, rarely convulsions and the consciousness was easily aroused. That the blood is toxic at times there seems no doubt, and the suggestion has been made that as convulsive cases are usually attended with a rise of temperature, whereas in the cases where urea is present in the blood no temperature or even a subnormal temperature was found, we have in the convulsive manifestations a true infection; with normal kidneys the toxic products are rapidly removed, but if such elimination fails uremic poisoning of a convulsive type shows itself.

As tending to confirm our belief that active poisons are here at work, and not simply an edema or a change in the cir-

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culation, there have been found signs of toxic degenerations of the cytoplasm of the cerebellar cells, and degenerative cell changes have been noted in connection with uremic poisoning not unlike those found as the result of alcoholic intoxication. These few notes point strongly to the complex nature of uremia and that it can be no more than an indication of a functional or organic disturbance of the kidney, without informing us as to the changes that have taken place. The complexity of uremia may be due to the urea, causing vomiting and diarrhea; to the potassium salts, giving rise to the marked muscular, cardiac and systemic depression; to poisons from without, producing degenerative changes in the nerve cells, and possibly to the accumulation of toxic substances normally present in the blood.

It has been well said that "the presence of albumen in the urine is a constant pathological symptom of every form of kidney disease," but the contrary is not true, unless by disease you mean disorder of function as well as change of structure. The most important question to be settled at the outset is, how shall the albumen be detected? Not by the finest chemical tests, for Posner finds proteid in all urine by the biuret method, but "it is safe to assume that normal urine should give no reaction with the usual tests for albumen."

Without discussing the subject, which the limits of this paper forbid, we may say that heat and nitric acid serve us best; many methods have been brought to our attention, but, for our own part, we never feel satisfied until this test has been applied. If, after filtration, even a trace of albumen is found, what does it signify? All are familiar with the time and labor that have been expended in the endeavor to find an answer; the insurance companies were for a long time vexed because of our inability to give them a definite answer. It would seem as if now we were in a position to clearly define our belief. Albumen in the urine, derived from the blood and made up of serum-albumen mixed, in most cases, with serum-globulin, means a faulty kidney—a faulty action of the glomerular epithelium.

It is the duty of such epithelium to remove certain elements from the circulation, but "the serum-albumen is prevented from passing through," and it is no less their duty to protect the body against the loss of a most valuable blood constituent. Were these cells more resistent there would be little cause to examine so constantly for the presence of albumen, but they are easily influenced as to their functional activities or have degenerative changes impressed upon them readily. Many and diverse conditions, then, cause the epithelium to permit albumen to pass out. The too free use of albuminous food; an increase in renal blood pressure, venous or arterial; muscular exercise; febrile disorders; diseases, as ischemia, which interfere with the proper nutrition of the glomerular epithelium; an increase of temperature, producing cloudy swelling, and most, if not all, the conditions resulting in kidney destruction, may cause albumen to appear in the urine. These facts force us to the conclusion that, as a diagnostic sign, albumen, when discovered by the usual tests in the urine, indicates a fault in the action of the glomerular epithelium, but it does not point out the changed kidney conditions which have caused such change. Albuminous urine means faulty kidney, and is now justly regarded with extreme suspicions.

Tube casts, however much they may vary in appearance, have as their basis albumen; they are "composed of albuminoid substances and possibly sometimes of fibrin;" they may consist of albuminous substances alone, as in the soft (mucous) hyaline casts, or the same, molded, more rigid and brittle, the waxy; they are called cellular, crystalline, granular, blood, etc., according as they contain cellular elements, uric or oxalic acid, granular matter, the debris of the kidney structure or blood. This composition of the tube casts would seem to be for us the keynote of their clinical significance. If the presence of albumen in the urine is pathological, and we believe it is, then the casts composed of it must be. Take, for example, the simplest form of cast, the hyaline. Of it Dr. Porter says: "* * * In the majority of individuals, particularly in those who eat too much and in whom there is a tendency to oxidation and overproduction of uric acid, hyaline casts could be found in the urine. * * * The

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presence of hyaline casts, therefore, in the urine simply meant that an isomeric albumen had been excreted through the renal cells and had been precipitated by the uric acid."

Tube casts possess more value as diagnostic agents than any of the signs we have considered. Dr. Holland well says: "As regards the significance of particular varieties, it must be noted that if the mucous cast alone is present it does not prove nephritis, but any of the other varieties would do so." All forms, except, possibly, the hyaline, show serious disturbance of the kidney, the degree depending upon the character and, it may be, the number of the casts.

It may be said in conclusion:

1. That the nomenclature of kidney diseases needs to be relieved of the confusion which has so long attended it.

2. Dropsy would seem to indicate a serious interference with the blood conditions.

3. Uremia is complex in its nature and can be no more than an indication of functional or organic kidney disorder.

4. Albuminous urine, as determined by the usual tests, means a faulty kidney.

5. Tube casts, except possibly the hyaline, indicate serious kidney disturbance.

TO HEAL VACCINATION SORES.

By A. K. Bond, M.D.,
of Baltimore.

It is not sufficient that we meet the anti-vaccination movement with ridicule, nor even with a demonstration of the remarkable control which vaccination exercises over the extension and the intensity of smallpox; we must meet it also by self-questioning as to whether we are conducting our vaccinations in such a manner as to inflict upon our patients the least suffering, the least exposure to other infections, the least disfigurement of body. If we have so conducted our protective work we may, with confidence of success, meet any assaults which ignorance or timidity or a mercenary desire for exploitation of crank theories may bring against this useful preventive measure. Time (for all crank movements, like growths of malignant bacteria, tend to self-limitation) with a patient and gentle instruction of the public in the truth of the controversy will do the rest.

If the glycerinated virus proves satisfactory in its potency, and its ability to keep its strength, as numerous competent observers claim that it does, the danger of accidental infections of the original inoculation scratch will be greatly reduced, especially if the scratching instrument is carefully disinfected by red heat or pure carbolic acid, if the skin is previously washed, if the virus is conscientiously made, if the site of the vaccination is dressed aseptically until it is restored to its natural condition.

Practically, the physician has to dress many suppurating sores of vaccinations made by himself or by others. The statement that glycerinated virus does not make protracted sores is denied by reliable authorities, and within a few days the writer was asked to dress a suppurating sore about three-fourths of an inch in diameter which the intelligent lady who bore it steadfastly alleged to have resulted from a vaccination done a month ago with liquid virus blown upon the scratched arm out of a little tube.

The belief prevails in the community that a sore half an inch or more in diameter suppurating for weeks, or even for months, is an occasional sequel of successful vaccination which must be borne with patience, and is to be treated as well as may be with dressings of mild powders and salves of various sorts. The exposure of this error is my motive for writing the present article. I know by experience in their treatment that the most repulsive of such sores may be caused to cease suppurating and to become a dry-scabbed sore in even a single painless dressing and may be healed within perhaps a week. At first I supposed that this fact was known to the mass of practitioners, but apparently it is not. The dressing referred to is a solution of nitrate of silver, about eighty grains to the ounce of distilled water. When such a sore is brought to me I remove the scab, if it has one, wash the surrounding skin clean, perhaps using alcohol, and mop the

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sore carefully with the silver solution until its surface is covered with a thick layer of white. When this has dried, a dressing of absorbent cotton with bismuth, or what not, dusted on it is applied. The pain of the silver in this strength is insignificant, the itching and irritation greatly diminish or disappear, the suppuration is permanently, or for many days, stopped, the patient almost forgets the sore. In some cases the dressings begin after a week or more to become soaked with pus. A second nitrate of silver application may then complete the healing.

Before I learned this method of healing I used to consider post-vaccinia sores among the most disagreeable sores a physician has to deal with. Under dry dressings of bismuth, calomel, etc., they scabbed and suppurated off, and scabbed and suppurated, until both patient and doctor were tired and disgusted with them. Antiseptic ointments did not cause scabbing, but did not check suppuration. I finally tried nitrate of silver stick with great benefit, but timid children would never let me get near the sore a second time on account of the pain of the caustic stick. The 80-grain solution is almost painless, yet very efficient; children seem not to dread its repetition. After the first dressing with it I have sometimes ordered a small quantity of it and directed the mother to make subsequent dressings with it until healing was accomplished.

I am encouraged to bring this very small therapeutic point to the attention of the profession by my knowledge of the fact (deduced from observation) that whenever smallpox threatens, and vaccination becomes general, there are in the community dozens, perhaps hundreds, of men, women and children going about week after week with nasty sores which daily saturate the dressings and perhaps the clothing of the part with irritating pus, until the victims come to look upon vaccination as a very disagreeable ordeal to be avoided as long as possible in themselves, their children and their friends, and welcome any statements, however ill-founded, that profess to prove that "vaccination is unnecessary and nearly as bad as smallpox." What wonder if the patient has two or three months of discomfort whenever he submits to it!

I am accustomed at the time of vaccination to request my patients, in case any pus discharge occurs, to come to me at once, and to assure them that in a few days, perhaps in a single dressing, I will relieve them of all discomfort therefrom.

The only reason that I can suggest for the obstinacy of suppuration of these sores is that the sore was originally a pustule, and that when the top, or scab, comes off it leaves exposed at its site a pit walled and floored, not by healthy tissue, but by the bacteria-infected lining of the pustule. I would cite the aphthous sore of the mouth as an analogy, where the floor of the vesicle is a tough nest of irritating materials, which, when cauterized away, layer after layer, leaves beneath a simple healthy wound. The granulations which spring up from the floor of the uncovered vaccination pustule seem to be very weak; hence the value of the mild caustic, whose stimulating and disinfecting powers act more deeply than simple surface washes or antiseptic salves.

I have reflected upon the question whether all vaccination vesicles ought not to be at once opened upon their appearance, and, by nitrate of silver or other like application to their interior, brought at once to abortion. This method has been adopted by some in smallpox eruption upon the face and hands. If the whole protective influence of vaccinia has been already received when the papule begins to swell into the vesicle the prevention of the maturation of the vaccinia vesicle by any harmless measure would be a reasonable and desirable undertaking. It is possible, however, that substances absorbed from the vesicle intensify and complete the immunity, but I think it unlikely. The trouble is that since smallpox inoculation has been discontinued there is no easy way in which the efficiency of various modifications of the Jenner method of vaccination can be readily and positively tested by the civilized practitioner. Rather than trust to speculation he is inclined to follow the positive provings of Jenner's age.

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Medical Progress.

REPORT OF PROGRESS IN PHYSICAL EDUCATION AND HYGIENE.

By Edward M. Schaeffer, M.D.,
Baltimore.

THE forty-seventh annual report (1899) of the New York Juvenile Asylum devotes eighty-six pages to "Anthropological Investigations on One Thousand White and Colored Children of Both Sexes," by Dr. Ales Hrdlicka. Many of the children admitted into the juvenile asylums come from very poor classes of people. Others are incorrigible or even criminal. Both these classes of children are, from the sociological point of view, abnormal, and it is important to learn how far their physical characteristics correspond to their moral character. The measurements were chosen to indicate the children's evolution, and were as follows: Height, sitting height, arm expanse, weight, depth of chest, width of chest, maximum circumference of head, its greatest length and width, height of head (from meatus line), bi-auricular diameter of head, smallest width of forehead.

The average pressure and traction force of each child in each of its hands was secured, and a general inspection given to the body and the structures in the mouth, with percussion and auscultation of lungs and heart. To all examination records were appended the most essential facts from the history of the child and its family.

Of the 1000 children examined, 700 were boys and 300 were girls. Of the boys 634 were white and sixty-six colored. The girls include 274 white and twenty-six colored children. In age the white boys ranged from five to seventeen, the white girls from five to eighteen; the colored boys from six to sixteen, and the colored girls from seven to fifteen years.

A CONSERVATIVE VIEW.

"As a matter of fact there are very few abnormalities which we can observe in man that may be positively said to render the individual generally either decidedly inferior or markedly superior to his fellow-beings. No single physical abnormality (and but a rare combination of abnormalities) suffices of itself to stamp any individual as a human degenerate." * * It may be said that the great majority of the inborn abnormalities still elude our comprehension, and from what experience teaches us we must assume that these characters, as well as numbers of acquired abnormalities, are largely without any objective significance (as, for example, those observed on the toes and those of the external ear).

About one-seventh of all the inmates of the New York Juvenile Asylum are without a blemish on their bodies. It must be borne in mind that a body perfect in all its parts is rare in any class of either young subjects or grown people. If one will closely scrutinize his acquaintances or his friends, and even himself and his own children, he will see so many irregular ears, teeth, heads, faces, etc., that instead of regarding 14 per cent. as too small a percentage of normality he will wonder at the extent of this proportion.

ORIGIN OF ABNORMALITIES.

These are classified as inborn, or congenital, due to some disease or injury, or acquired through some faulty habit of the individual. The abnormalities of congenital origin are considerably more frequent in both white and colored males than they are in the females of the two classes. Furthermore, congenital abnormalities in both sexes of the white children are considerably more numerous than they are in the corresponding sexes of the colored subjects. The colored children are born more free from physical defects than are the white children. Acquired abnormalities through pathological processes are considerably more frequent in the colored children of both sexes than they are in the white. In both white and colored children abnormalities acquired by habit are seen to be more frequent in boys than they are in girls, and in the negro children of both sexes the proportion of these characters preponderates over that found in the white children. These facts signify that while

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the white children are more likely to be begotten with physical deficiencies, yet later in life they will not undergo so many pathological processes which give rise to physical abnormalities as will the negro children. Rachitis seems to be particularly more frequent in the colored. There are many irregularities in the children which are due to neglect, and can and ought to be corrected. "The sum total of my observations on the abnormalities of the inmates of the New York Juvenile Asylum leads me to conclude that we have here to deal with a class of children the large majority of whom, so far as physical abnormalities are concerned, are fairly average individuals. * * * I found no single child whom I could conscientiously term a thorough physical degenerate."

INTERESTING DETAILS.

Dr. Franz Boaz in his work among the schools of Worcester, Mass., found the children of poorer families to be on the average perceptibly smaller than the children of well-to-do people.

The weight in children does not bear a constant relation to the height, and is much more equal in children of different nationalities than is the height measure. The average weight of the negro children in the asylum was found to be at most ages slightly smaller than was the average weight of white children.

In the negroes both the hand pressure and traction force were found to exceed at all ages similar forces in the white children. This is the more remarkable, as we saw that the average weight of the colored subject was at almost all ages less than that of the white children in the asylum. This fact speaks for a greater proportionate muscularity of the colored subjects. This condition was well appreciated during the inspection of the children. When we reach the seventeenth year of life we find that the proportion of muscular power in the hands and arms of the individual to his body weight has about doubled.

The size of the chest is greater on an average at all ages in the male than it is in the female children. This is the case in both the white and colored subjects. When, however, we come to the females above eleven years of age, where the development of the breasts begins, the proportions of the chest will increase in the female and may surpass those of the male of the same age. This increase in the depth of the female chest at or after puberty is due to additional deposition of fat and not to any changes in the osseous thorax. In all classes of children the thorax is seen to be considerably deeper in early childhood than it is later. The increase of flatness takes place gradually and almost regularly through all the ages of the children, so far as the records go. The flattening of the chest is most rapid between three and seven years of age. In new-born infants the chest is almost equal in its antero-posterior and its lateral diameter.

The measurements of the female head are throughout the smaller. When we calculate the size of the head in proportion to the height of the body we still find that the female head is the smaller. A greater roundness of the female head is general in all races of people and at all ages. The negro heads show, in the three principal diameters, a slight excess in size over the same measures in the white children, but we should remember that the colored children are found to be of an average greater height, which may account for the greater size of their head and of these diameters.

In the negroes the average arm expansion is greater at all ages, and the interesting fact is noted that there is at almost all ages a greater proportionate strength to each pound of the body than is the case with the white children. Dr. Hrdlicka concludes his report, which is illustrated and very suggestive, by an appeal for similar investigations in correctional and other institutions.

TREATMENT OF ACUTE MERCURIAL POISONING.—Fiocco (British Medical Journal), having tried all the usual remedies for this disease, without any improvement, had recourse to subcutaneous injections of a physiological solution of chloride of sodium, followed by energetic massage for four days. The improvement was rapid and lasting, no second injection was required, and no other treatment practiced beyond slight disinfection of the mouth.

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WRINKLES.—A writer in the Medical Record, probably with the idea of attracting popular taste, gives the following hints on wrinkles:

These tell-tale marks of time are caused by the diminished elasticity of the skin and by loss of water from the tissues as age advances, and thus the creases that in youth leave no mark become in after years permanent. In an infant the amount of water in the tissues is 66.4 per cent., while, as years advance, it forms but about 58.5 per cent. It is absurd to fill the furrows up with powder and paste in an attempt to hide them. The better way is to preserve the elasticity of the skin by hygienic means, especially between the ages of twenty and thirty. Where the lines tend to become prematurely permanent "a mixture of cold cream and adeps lanae should be rubbed in twice a day." "Retiring cream," having as its base wool-fat, readily penetrates the skin and renders it soft, smooth and supple. It is made according to this formula:

℞ Expressed oil of almonds, ʒij.
Cacao butter, ʒiv.
Adeps lanae, ℥ij.
Glycerine, ʒij.
Oil of rose, gtt. ij.

Melt the first three ingredients by means of heat, then add the others.

The product has a distinct advantage over other ointments in being miscible with water and medicinal ingredients. "Lotion of glycerine and tannin" is also a useful application.

℞ Glycerite of tannin,
Rose water, āā ʒi.

Mix and apply to the wrinkled surface with a camel's-hair brush.

* * *

THE TREATMENT OF DYSENTERY.—Dr. D. M. M. Ross in the British Medical Journal, in speaking of his experience in the treatment of dysentery in the East, says that he does not place too much reliance in ipecac alone or magnesium sulphate alone or in both combined. The treatment must be varied to suit individual cases. The coexisting cachetic conditions, such as scorbutus, etc., should not be overlooked, and the patient should not continue drinking the water in which the original infection was possibly conveyed or remain exposed to any other source of infection which can be removed. As for treatment, rest in bed is important, and rest for the alimentary canal, fomentations for colic, removal and the prevention of collections in the alimentary canal and relief of engorgement by the administration of ipecac, magnesium sulphate and castor oil. When it can be borne, lavation of the intestines by warm injections of permanganate of potash or boric acid, followed if needful by starch and opium enemata, to relieve tenesmus. As the stools improve give antiseptics, such as bismuth, salicylates, or subnitrate, salol or naphthol. Use astringent injections if the ulcers do not heal; also tonics and change of air. Do not weaken the patient by ipecac or magnesium sulphate, and opium should be rarely used.

* * *

THE DYSPEPSIA OF PHTHISIS.—One of the first symptoms of pulmonary consumption is a dyspepsia which does not yield very readily to treatment. Percy Kidd, in Albutt's System of Medicine, says that in this trouble for general use nothing can excel an alkaline mixture consisting of soda bicarbonate (fifteen grains), tincture of nux vomica (ten minims) and compound infusion of gentian (one ounce), given before meals. If a sedative action be desired, dilute hydrocyanic acid may be substituted for nux vomica. The good effects of this mixture are witnessed not only by increase of appetite and relief of the dyspeptic symptoms, but, at the same time, expectoration is facilitated, whereby the cough is indirectly relieved.

* * *

GUAIACOL IN ACUTE EPIDIDYMITIS.—In the Medical Record Perry reports his success in the treatment of acute epididymitis by the application over the epididymiscal cord of one part of guaiacol to two of glycerine.

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Society Reports.

AMERICAN PROCTOLOGICAL SOCIETY.

MEETING HELD AT COLUMBUS, O., JUNE 6, 7, 1899.

THE president, Dr. Joseph M. Mathews of Louisville, Ky., delivered an interesting address, setting forth the importance of giving rectal diseases special study. He said: "It is a notorious fact that there is more quackery practiced in the diseases of the rectum than in any other department of medical practice. This state of things is to be deplored. After an experience of twenty years in this work, I wish to say that these important and most serious affections should be entitled to a separate and special consideration; and who will dare to say that those who practice them are not entitled to the privilege of forming themselves into a society? Nothing will contribute more to the advancement and to the elevation of this long-neglected subject than this contemplated organization. The principal part of our knowledge must ever come from comparing our own observations with those of others; then how apparent to all must be the utility which the Society of Proctologists will afford in opportunities for the mutual communication of thought and action."

Dr. Tuttle read a paper in which he stated that the term pruritus ani has for the scientific physician only a vague significance, but for its victims it is portentous with evil. He stated, after enumerating many of the characteristic symptoms, that it should be dealt with, first, constitutionally; second, locally.

He said that he was not a believer in pruritus ani essentialis. The constitutional condition upon which the theory of this disease is founded he admits, and reckons it an important element, but insisted that there is always an exciting cause for the disturbance, and upon this cause will depend the physical appearance of the parts, and that we know full well the diseases which cause these physical changes in the parts, and these diseases occurring in the dysesthesic patient, instead of causing pain, produce itching until the irritation and scratching of the parts produce pain.

Among the causes enumerated he mentioned oxyuris vermicularis, colitis, sigmoiditis, catarrhal diseases of the rectum and uricemia.

These pathological conditions are the ones which he has found most often in obstinate and obscure cases. To the scientific physician all treatment must be based upon his conception of the pathology of the case; remove the pathological cause; treat the disease, and not the symptom. Nitrogenous diet, alkaline diuretics, salicylic compounds and hot baths compose the general routine of treatment. Local appilcations of carbolic solutions, larkspur, black wash, salicylic acid, chloral hydrate, extract conii, camphor, cocaine, tar, etc., may all be used in one form or another.

Having determined the variety and type of the disease producing pruritus, it is not difficult to manage, and in most cases we may confidently expect a radical cure.

Dr. Earle of Baltimore read an interesting paper upon "A Modification of Whitehead's Operation for Hemorrhoids."

After reviewing usual methods of operations for removal of hemorrhoids he described his own method, which consists of clamping the tumors by sections, beginning at an incision in the fourchette, where primary incision was made to determine the depth at which to place the clamp. After removing the tissue above the clamp by piecemeal, a continuous suture, beginning at the primary incision, was inserted around the clamp. When the first section has been cut away and sutured the clamp is removed and the suture drawn taut, and the clamp again put in position until the whole anal circuit has been treated.

He stated that he had given this method a thorough trial, and unhesitatingly said it is the safest, easiest and by far the best method that he has ever tried. The operation is practically bloodless, and healing by first intention is secured. The convalescence is complete at the end of the week.

Dr. Earle demonstrated his method of operating at St. Anthony's Hospital.

Dr. Thomas Charles Martin of Cleve-

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land discussed, in a very interesting manner, "The Act of Defecation."

He said that a knowledge of the anatomy of the rectum was necessary to form an appreciation of the physiology of defecation.

The bundles of circular fibers which constitute the muscular element of the rectal valve belong to the same mechanism and have the same function as those which form the ental sphincter.

It is the function of the normal rectal valve to beneficently retard the descent of the feces, and it is obviously true that it may be the especial property of the valve in certain other than normal conditions to maliciously obstruct the descent of the feces.

His experience convinced him that a perfect knowledge of the rectal valve constitutes the key to an understanding of obstipation, rectal stricture and their sequelae.

Dr. A. B. Cooke, Nashville, read an extensive paper on the subject "Constipation Considered from the Standpoint of the Proctologist."

He defined constipation as a diseased condition of the alimentary canal, characterized by a modification of function, which results in the pathological retention of fecal matter.

He stated among the causes: First, those springing from the violation of hygienic law; second, defective innervation, expressed either in atonicity of the muscular coats of the intestine or in decreased secretion; third, sluggishness of bowel function; fourth, the habitual use of purgative medicines; fifth, mechanical obstruction; sixth, painful affections of the anus.

The relations between constipation and diseases of the rectum are intimate and noteworthy, in that either may be cause, effect, or both, with reference to the other.

Rectal reflexes came in for a fair share of consideration. In conclusion, he stated as his conviction that in a large proportion of cases constipation either originates in or is maintained by causes located in the distal ten inches of the intestinal tract. If this be true, the notorious inadequacy of ordinary treatment is at once accounted for, and the duty of the proctologist in the premises becomes obvious.

Dr. William M. Beach, Pittsburg, presented the subject, "Rectal Adenomata." He defined an adenoma as an hypertrophy of gland texture. He noted briefly the nature of these growths and the value of the proctoscope in their early diagnosis and treatment.

1. The gelatinous, composed of elements of mucous membrane.

He said there are two principal types of adenomata:

2. The mixed variety, consisting of mucosa and submucous cellular tissue.

The adenoma with a long pedicle is benign, while growths with a broad base tend to malignity.

After discussing symptoms and complications, he said by means of the old methods of examining the rectum it is well-nigh impossible to locate these growths of the upper rectum; that the newer proctology substitutes exact methods in diagnosis and treatment of non-malignant adenomata that are most gratifying to both the patient and surgeon.

In conclusion, he said that the rectal adenoma may be hard or soft, and contains the constituent elements of the mucosa and submucosa.

Second—That these growths are benign and malignant.

Third—That, benign in their origin, they may become malignant.

Fourth—That early recognition is of first importance, which is made possible by the newer methods of inspection.

Dr. J. R. Pennington of Chicago discussed the "Post-Operative Treatment of Hemorrhoids."

He stated that the success of a rectal operation depends quite as much upon the after-treatment as upon the operation itself. He uses a tampon, made by taking a piece of five-eighths-inch rubber tubing, about four and one-half inches long, and wrapping it with sterilized gauze until as large as desired, then covers this tent with a special rubber covering. Before introducing this tampon he blows nosophen powder over the field of operation. It is introduced through a bivalve speculum.

Among the advantages claimed for the

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rubber-covered tampon over the gauze dressings are:

1. It is neater.

2. Its removal is painless, as the granulations cannot and do not penetrate or adhere to the rubber coverings as they do to the gauze or wool dressings.

3. The tender granulation sprouts are not broken off during its removal; hence there is little or no hemorrhage, which leaves the wound better fortified against septic infection and the healing process is greatly enhanced.

4. There is practically no pain during defecation, a point which seems to us, who have seen patients suffer almost unto syncope during the first movement of the bowels after the removal of gauze dressings, of very great importance.

The following papers were read by title:

"Surgical Treatment of Non-Malignant Stricture of the Rectum," Joseph B. Bacon, Chicago.

"The Proctoscope as a Factor in the Diagnosis and Treatment of Simple Ulceration of the Rectum," Leon Straus, St. Louis.

"A Consideration of the Various Forms of Ulceration of the Rectum," Lewis H. Adler, Jr., Philadelphia.

"Rectal Carcinoma—Excision and Subsequent Colotomy," B. Merrill Ricketts, Cincinnati.

AMERICAN MEDICAL ASSOCIATION.

MEETING HELD AT COLUMBUS, JUNE, 1899.

THE semi-centennial year of this organization was celebrated at Columbus in a most satisfactory manner. The meeting was characterized by a large attendance, interesting papers and hot weather. The local profession, aided by the Columbus Board of Trade, combined to make the occasion a memorable one, and certainly proved Columbus to be as hospitable a city as there is in the land. The governor's reception at the Great Southern and the ball at the Columbus Auditorium were the events of the season. Those who were fortunate enough to be present will carry away pleasant recollections of the capital city's fair ladies and gallant men. The scholarly address of the president, Dr. Joseph M. Mathews of Louisville, on "Our National Body—Its Purposes and Destiny" contained many valuable suggestions. Dr. Mathews said: "I imagine that when the father of this association called around him a few devoted friends, accomplished physicians and surgeons, and effected an organization to be known as the American Medical Association, their first thought was the unification of the profession which they loved so dearly. Sacrifices and great personal discomforts were endured by them to obtain the good, but the splendid results were evidenced in the assembled body. Some must be teachers or instructors and others listeners; they each in their way contributed their mite. It frequently happens that some members from a far-off and sparsely-settled country had heard some truth that, in its application, might save a life, or in return he might give an experience which might prove of incalculable benefit to his more fortunate brother. This possibility should rule out class legislation." Dr. Mathews urged that the association should admit all those who represented honesty, fair dealing and who entertained an earnest desire to elevate the standard of the medical profession and of the association. He recommended Washington as the proper home of the association, adding that he thought the distinguished body gained no dignity by traveling about, to say nothing of the inconvenience and expense imposed upon a local profession. This suggestion, however, did not obtain the sanction of the committee. Dr. Mathews recommended as an easy solution of the heated annual discussion over the permanent secretaryship that the editor of the *Journal* be made also the secretary. This matter was taken up later, and the secretaryship placed in the hands of Dr. Simmons, the editor. This relieves from duty Dr. Atkinson, who for twenty-five years has served the association in the capacity of secretary. A goodly portion of the address was devoted to the consideration of tuberculosis, anti-vaccinationists and syphilis. Dr. Mathews closed with an appeal to the politicians for harmony, saying in part: "Let me beg of you that this meeting be one of perfect harmony and

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peace. Let nothing of an acrimonious nature be indulged in, but rather let your deliberations be characterized by patience, love for each other and a desire to ennoble the profession to which you belong."

The association unanimously adopted resolutions indorsing a public health bureau, with a cabinet officer at its head, and also to set aside a sum of money for the use of the legislative committee.

Dr. J. C. Wilson of Philadelphia delivered a masterly address on medicine, and Surgeon-General Sternberg showed a series of stereopticon views illustrating the hospital ship and the camp as they existed in the Spanish-American war.

The association adopted resolutions urging local boards of health to enact laws making vaccination compulsory. A resolution was also adopted calling for the appointment of a committee of five to consider the best means of treating tuberculosis and preventing its dissemination.

The nominating committee made the following selection of officers for the ensuing year:

President, Dr. W. W. Keen of Phliadelphia; first vice-president, Dr. C. A. Wheaton of St. Paul; second vice-president, Dr. E. D. Ferguson of Troy, N. Y.; third vice-president, Dr. G. M. Allen of Liberty, Mo.; fourth vice-president, Dr. W. E. D. Middleton of Davenport, Iowa; secretary, Dr. George H. Simmons of Chicago; assistant secretary, Dr. J. A. Joy of Atlantic City, N. J.; treasurer, Dr. H. P. Newman of Chicago; judiciary council, Dr. J. D. Griffith of Kansas City, Dr. J. E. Cook of Cleveland, Dr. J. H. Baillache of Washington, D. C., Dr. J. B. Lewis of Topeka, Dr. J. W. Irvin of Louisville and Dr. Frederick Holme Wiggin of New York.

The session of 1899 will be held at Atlantic City, N. J., and we venture to offer the suggestion that this meeting will be held two weeks later, in order to secure full attendance of the doctors and their families. The schools in various parts of the country will be out by that time and a better opportunity afforded to give our wives, sons and daughters a pleasant outing at the seashore.

THE BALTIMORE MEDICAL AND SURGICAL ASSOCIATION.

MEETING HELD MONDAY, JANUARY 23, 1899.

In the absence of the president, Dr. C. Urban Smith, the meeting was called to order by the vice-president, Dr. A. K. Bond.

"A Case of Hematuria Complicating La Grippe" was reported by Dr. John I. Pennington. Man, thirty years of age, married, always enjoyed good health and of temperate habits; was taken sick on December 23 with chills, high fever, pain in head and back, beginning at waist and extending down the limbs; fever continued throughout the day for about four days, after which had fever only at night. On the morning of the 25th he passed for the first time a small quantity of blood with his urine; the next time he passed some clots of blood, accompanied by a great deal of pain and a constant desire to urinate. When I saw him he had a temperature of 103, with this intense pain, and the passing of considerable blood in his urine. The pain continued throughout the day. I gave him some powders, and on the next day I found him relieved of the pain, but still passing blood; also, the desire to urinate had passed away. The passing of blood continued for four days. On the 3d of January he went out for the first time, and while he was out felt badly again, the fever coming on quite high, possibly higher than at any time before. He sent for me, and I found him suffering with all the acute symptoms of grippe, with the exception of the passing of the blood in the urine. Examination of his urine after he discontinued to pass blood showed the specific gravity to be very low, and, strange to say, the specific gravity continues to be low. He had passed about eighty-six ounces in twenty-four hours, with a specific gravity of 1008. No albumen was found, nor was there anything else of any importance. He still complains of some pain in his back, and on walking tires very easily. The point that impressed me particularly was the passing of blood with the urine. I have not seen a case of grippe accompanied by this before, and I am unable to account for it in this case, as the patient had never

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had any trouble of the kind previous to this attack.

DISCUSSION.

Dr. D. Z. Dunott: I have no case of similar character to report, but my brother has just returned from North Carolina, where he has been attending a case, and brought with him a programme of one of the medical meetings held while he was there, and out of fourteen subjects on the programme, there were nine on pernicious malaria, afterwards complicated with hematuria. He also brought home a paper which considered a case of malaria with just about such a record as has been given.

Dr. Bond: I really know nothing about hematuria complicating influenza, but I have faith in the grippe to produce almost anything in the human body that it undertakes. We have the most astonishing complications with the developments of that disease in every direction. We have seen it affect the nervous system, we have seen it affect the lungs, we have seen it affect the heart, we have seen it lead to abscesses over the body, we have with influenza the most intense constipation.

I had, some years ago, a case that interested me very greatly, which, I believe, I never reported to this society before. First, he had an abscess of the palm, his hand being crippled. It was also stated that the man ate some huckleberries, after which he went into a most extraordinary state, and a physician attended him for a week, then he came into my hands. He would have the most violent pains in the abdomen, with great distention; he would roll in agony. I treated him for a week before I knew what was the matter with him. I would give him anodynes and relieve his pain, and by the time I would get to my office they would be after me again, and by that time the pain would be in an entirely different region of the abdomen. One day I would think of appendicitis and all those things, but the next day the pain would shift to an entirely different portion of the abdomen and start all over again. On one occasion I chanced to give him some peppermint water, and he immediately vomited bile. I, of course, went for him with the sovereign remedy for biliousness, thinking that if I did not know what was the matter with the man, I at least knew what would cure bile, and after a little while the man, instead of being a desperately ill man, began to get well.

I made notes of that case, and about six months afterwards, in reading over some works of Vaughn on tyrotoxicon, I found out what was the matter with the man. He had spit some blood toward the end of his disease, I think his nose bled a little, or he both coughed and vomited blood; he passed a little blood from the bowel, and had more or less retention of the urine, and I found that in the tyrotoxicon poisoning there is the same condition of distention of the bowel, with great pain, and also that there is the tendency to bleed from various surfaces. We know that in infantile scurvy we have the same conditions, caused by some fault of nutrition or digestion, and so, I think, that this hematuria might have been due to some poison taken from the digestive tract, entering the bladder and causing congestion there.

In regard to the other complications, I think I have a case on hand now which began like an ordinary case of influenza, with the general symptoms, such as we find in almost every case, and is coming out typhoid fever. Another case I know of where a friend of mine has had four doctors and two nurses. It looked exactly like influenza, and the wife told me that the first time the temperature dropped from 106 to 104 was when very foul evacuations came from the bowels. He keeps sick, and they found, after four weeks of searching, the pure type of typhoid bacillus. In my case the patient certainly had influenza, and has had typhoid stools for about a week. He is not a sick man, his temperature running about one-half degree above normal, and he is sitting up talking to his friends, yet the tongue persists in its condition and the stools are of a light yellow and very offensive. I have also heard of another case where the physician said that the influenza was so mixed up with typhoid symptoms that he did not know what to deal with. If this is true, we are certainly in the midst of a most serious epidemic.

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MARYLAND

Medical Journal.

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BALTIMORE, JULY 1, 1899.

The Revision of the Pharmacopeia.

WHILE there is a growing tendency to discourage the use of drugs, there is still need for them, and today no class of medical men can entirely dispense with remedial agents. The real tendency, which has truth for its stimulus, is to use scientific drugs more scientifically. Nothing could further the accomplishment of a more intelligent selection and application of medicines, nothing could do so much toward placing this branch of the science consistently among the more advanced departments, than a rigorous and timely revision of the national standard.

Elimination should be one of the principal parts of this work—elimination that is restricted only by actual worth—worth that is based upon scientifically proven qualities.

Simple empirical popularity should have no power to prevent the rejection of a substance with no other claim. Physiological effects, well defined and easily definable, should be characteristics absolutely necessary to win recognition. Each article should be rated, comparatively, upon the degree of certainty to which its action has been ascertained; and, lastly, this quality should by all means be fixed—should invariably agree with the standard established.

Standardization is not, however, the only essential, but standardization is most desirable and should be required whenever it is reasonably practicable. It must not be presumed that unvarying activity alone will put our materia medica upon the ideal plane. This will only be attained when specific action and corrective power have also been as equally well secured. It follows, then, that the three branches of medical science that are so intimately connected—pharmacology, pharmacy and therapeutics—should work together harmoniously to bring about a reform which would show to the best advantage in the revision of the Pharmacopeia.

* * *

The Hospital for Consumptives.

THE Hospital for Consumptives of Maryland of Baltimore City has removed to its suburban home on the Hillen road, about one mile southeast of Towson. It is situated on the old Stansbury property, and has a large and commodious house, with spacious grounds. The place is reached either by the Baltimore & Lehigh Railroad from Eudowood Station or by the Towson electric cars, leaving the cars at South avenue, just south of where the railroad trestle crosses the York road.

There are wards for men and wards for women and also private rooms. There is a certain number of free beds for patients from Baltimore city, and private rooms may also be had for pay patients. As incipient cases stand the best chances of recovery, these are admitted by preference. The surroundings are most healthy and the facilities for providing the patients with the best food, good, rich milk are very great. In a short time large porches or galleries will be built and seats about the grounds, and patients will be expected to spend as much time as possible in the open air. The services of a resident physician will soon be obtained. It is expected that in the near future additions will be made and a large hospital on the cottage plan will be built.

The present ground and buildings have been bought through the generosity of Mr. Benjamin F. Newcomer of Baltimore, who contributed the sum of $10,000 for that purpose. Besides this munificent gift, other persons have contributed money and made valuable donations.

This institution has a great future and will undoubtedly fill a want long felt in Baltimore and Maryland.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 24, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	11
Phthisis Pulmonalis	..	7
Measles	27	..
Whooping Cough	2	..
Pseudo-Membranous Croup and Diphtheria.	17	5
Mumps	..	..
Scarlet Fever	5	..
Varioloid	..	..
Varicella	2	.
Typhoid Fever	1	2
La Grippe	..	..

London has vaccination teas.

Dr. Alexander H. Robertson died near Sherwood, Md., last week.

New York now has the Medical Association of the Greater City of New York.

Physicians should warn their patients and others that they cannot take headache powders and tablets with impunity.

Mr. N. E. Noyes, formerly of Baltimore, but more recently of Haverhill, Mass., has left $10,000 to the Hale Hospital there.

Dr. George A. Fleming has gone abroad to spend the summer, visiting the special eye hospitals of England and the Continent.

Dr. W. D. Booker has purchased the property 208 West Monument street and will shortly make this his house and office.

A hospital has been held responsible and mulcted for allowing a hot-water bag to burn seriously the leg of a woman under an anesthetic.

Dr. Henry Jones, a member of the Royal College of Surgeons, whose death was announced some time since, was better known to the public as "Cavendish," the authority on whist.

Some of the New York city justices have announced that they will no longer accept physicians' certificates of sickness for unwilling jurors, but that in such cases the physicians will be called into court to testify concerning such illness.

The William F. Jenks Memorial Prize of $500 will be awarded to the author of the best essay on "The Various Manifestations of Lithemia in Infancy and Childhood, with the Etiology and Treatment." For particulars address Dr. James V. Ingham, College of Physicians, Philadelphia.

The Union Protestant Infirmary is about to be enlarged by the addition of several new private rooms and a roof garden. This is one of the most desirable private hospitals in the city, where any reputable physician may send his case and attend it himself, and where trained nurses may be obtained. Also one very advantageous and desirable feature of this institution is the operating room, complete in every detail of tables, light, instruments, etc. Any reputable surgeon may, by paying a small fee, have the use of this room and instruments, which is a great advantage to a young man not thoroughly equipped.

Directors of the Northern Dispensary of Baltimore were elected as follows: Judge W. H. Fusselbaugh, Dr. George A. Hartman, Louis Miller, Dr. E. B. Fenby, John F. Frames, Dr. A. Wegefarth, H. D. Hinternesch, Dr. P. F. Sappington, Charles W. Hatter, J. E. Hengst, William Silverwood and Dr. R. Sappington.

The Thirteenth International Congress of Medicine will undoubtedly be the largest of the one hundred and more international congresses which are to be held under the patronage of the Paris Exposition of 1900. At the last session in Moscow there were over 5000 members; 7000 are expected in Paris. The largest hall in the city will be needed for the general sessions. The twenty-three sections into which the congress is divided for working purposes will have at their disposition the halls of the medical, law and other university faculties and of various scientific societies. The Congress is to last seven days, from the 2d to the 9th of August. The French committee of organization has entrusted the work of the Congress in the United States to Professor Osler of the Johns Hopkins University. In Paris itself the bureaux of the congress are organized at 21, rue de l'Ecole de Medicine, with Dr. A. Chauffard as secretary-general. The final programme, comprising the details of the different sections, will form a considerable pamphlet. It will be issued during the coming summer.

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Washington Notes.

Dr. J. J. Bruner, formerly of the government printing office, died in Tampa, Fla., last week.

Dr. Wm. R. Stone, late graduate of the Johns Hopkins, is now in New York on the house staff at Charity Hospital.

Drs. F. F. Repetti and A. Barnes Hool have been promoted to physicians to the poor at $30 per month. Drs. J. Ryan Devereux and R. D. Mayer, resigned.

Dr. S. A. Ransom, who entered military service several months ago, has been reappointed to a clerkship in the health department at $1000 per annum.

Drs. Thomas Robinson and William Geddes, eclectics, and Drs. J. B. G. Custis and F. L. McDonald, homeopathics, have been appointed members of the board of medical examiners.

The number of deaths in the District last week was eighty-eight, a death rate of 16.33 per 1000. There were five fatal cases cerebro-spinal meningitis, one each of typhoid, diphtheria, measles and pertussis. There are four cases of smallpox, twenty-two cases of diphtheria and fifty-six cases scarlet fever in isolation.

Book Reviews.

THE SEXUAL INSTINCT: Its Use and Dangers as Affecting Heredity and Morals. By James Foster Scott, B.A. (Yale University), M.D., C.M. (Edinburgh University); late Vice-President of the Medical Association of the District of Columbia. New York: E. B. Treat & Co. 1899.

Physicians are the real conservators of individual and public health. Every medical man should be a moralist. The nobility of the healing art is broadened and heightened through the sublime opportunity to prevent disease and bodily disorder. In the combatting of morbid conditions in man, with all the agencies and instrumentalities that the science of medicine and surgery command, lies not the acme of hope. The race is to be elevated in moral and physical tone through the beneficent impulses of hygiene. "If it is possible to perfect mankind," observes Descartes, "the means of doing so will be found in the medical sciences."

Here is a book of profound merit. The author handles the truth with great adeptness. The simplicity of presentation adds worth to the purpose. Were such intelligence conveyed to the individual and public mind through medical channels what a revolution would be wrought through preventive measures! For, as the author remarks, "the future prospects of humanity rest in the sexual domain of those who are now living, and none will dispute that the degradation of mankind is due more to sexual irregularity than to any other cause."

Although the design of this work is to furnish the non-professional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere, yet it is none the less available to the uses of the physician, for the knowledge conveyed is invaluable to the doctor in his professional capacity, in his domestic relations and as a citizen.

The author began his investigations while a student at Yale University; then came his experience as a medical student at Edinburgh, Vienna and London; then a residence of two and one-half years in a hospital devoted exclusively to obstetrics and diseases of women, followed by several years more of hospital and private practice.

The book commends itself to the profession. The physician needs it for his own and for his family's sake, and would do a philanthropic service to present the physical and ethical facts it contains to his entire *clientele*.

"Every doctor who regards his physicianship as a sacred trust realizes that sexual impurity is pre-eminently the cause of most of that which stands out as hideous and disgusting in society, and feels that silence regarding this question is not in line with his duty."

REPRINTS, ETC., RECEIVED.

Albany Medical College. 1898-1899.

Annual Report of the Health Department of Baltimore. 1898.

Intestinal Auto-Intoxication. By Charles D. Aaron, M.D.

Entotical Sound Perceptions. By Lewis S. Somers, M.D. Reprint from *Medicine*.

Thirtieth Annual Report of St. Mary's Industrial School for Boys, Baltimore. 1899.

Diseases of the Ear as a Specialty. By Emil Amberg, M.D. Reprint from the *Physician and Surgeon*.

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LANDMARKS IN THE HISTORY OF OPHTHALMOLOGY IN THE NINETEENTH CENTURY.

By Herman Knapp, M.D.,
New York.

READ AT THE CENTENNIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 25-28, 1899.

MR. PRESIDENT AND GENTLEMEN—It cannot be my intention to give on this festive occasion anything like a history of ophthalmology in the present century; my only purpose is to talk in an informal way on remarkable discoveries, inventions and investigations, which, as landmarks, stand out in the development of this branch of medicine. I shall not weary you with an *ex cathedra* lecture, but will restrict the topic of my remarks chiefly to that period—the third quarter of the century—in which the progress of ophthalmology has been most pronounced.

As the first landmark I may mention the solution of an old problem—the cause of the mysterious power of accommodation of the eye in the first year of the nineteenth century by Thomas Young on his own eyes, but irrefutably demonstrated only fifty years later by Max Langenbeck, Cramer and Helmholtz, who observed and measured the changes of the reflex images of the anterior surface of the lens in accommodation. Helmholtz, with his superior knowledge of mathematics and physics, devised for this purpose an instrument on the principle of the heliometer of astronomers, the ophthalmometer, with which he accurately determined the position and curvature of the surfaces separating the refracting media of the eye as well as their changes during the act of accommodation. He found that the increased convexity of the anterior surface of the lens was almost alone sufficient to account for the accommodation. The present speaker repeated these measurements in Helmholtz's laboratory, calculated the optical effect of the changes in the crystalline lens in four living youthful persons, and found that it tallied with their range (or power) of accommodation as determined by functional examination.

The ophthalmometer has proved to be an instrument of exceeding value not only in the science, but in the practice of ophthalmology. It discovered with precision that the meridians of the cornea and lens were not spherically but elliptically curved, and differed more or less from one another in every person.

The optical effect of this difference accounted for the existence and determined the degree of astigmatism, and explained at the same time the remarkable improvement of vision in astigmatic eyes by cylindrical glasses, according to the law of refraction by asymmetrical surfaces, found by Sturm in 1845. By far the greater part of astigmatism results from the difference of curvature in the meridians of the cornea, which fact led later to the construction of a modification of Helmholtz's ophthalmometer by Javal and Schiötz, which is now in the hands of most ophthalmic practitioners.

The most conspicuous landmark in the history of ophthalmology during the nineteenth century, I may say during all centuries, is the invention of the ophthalmoscope, which, to quote v. Graefe, "crowns the head of Helmholtz with the laurel of immortality."

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Simple as the instrument is, it opened a new world to the physiologist, the pathologist, and the practitioner. The numerous discoveries made with the ophthalmoscope are generally known and appreciated. They are collected in elaborate treatises and magnificent colored atlases. Yet the fertility of this instrument of investigation is as yet by no means exhausted. There is no ophthalmoscopist, however expert he may be, that does not notice new features of disease in the background of the eye every week. Multitudes of pictures, lying uncovered before the eyes of the trained observer, await description and illustration. As soon as the nature and significance of such a picture is recognized its description comes home to many an observer, who not only has seen it, but committed it to his sketchbook for future use.

I should not omit to mention that the ophthalmoscope has been the forerunner of a number of similar instruments—the otoscope, laryngoscope, endoscope, etc.

The whole physiology of the visual organ, stimulated and guided by the question and requirements of practice, advanced with giant strides in the middle of the nineteenth century. With this progress the name of Herman Helmholtz is pre-eminently connected. I know of no book in the whole realm of medical science and art that is more fundamental, more thorough, that has proved more useful and even at the present day is more suggestive than Helmholtz's "Physiological Optics." It is a model work of a master-mind, a monument for all time. Every subject is treated according to its greater or less importance, and in the simplest expression the subject admits of, the mechanism of accommodation so plainly that the college student will readily understand it, whereas some parts of refraction, motility and color perception can be grasped only by a thoroughly trained mathematician and physicist. The amount of learning contained in this work is astounding, and there is no subject in it that the author has not verified by personal research, and few that he has not enriched. Of all the great and good men I have had the good fortune of coming in contact with, I have admired none more than Helmholtz. He was in himself a landmark in the history of science of the nineteenth century, and I need not be afraid of exaggeration in saying he was a landmark in the history of science of all times, if no less a man than Tyndall calls him a spirit akin to that of Newton.

In the same period in which the opthalmometer and opthalmoscope contributed so much to the physical examination of the visual organ the functional examination of the latter was cultivated with unprecedented thoroughness and success. The determination of visual acuteness, based on the smallest visual angle, by Snellen, gave a simple and accurate expression for the normal and the defective vision, the latter denoted by a fraction of the former. Such a method of examination has thus far zealously, but in vain, been sought for by other departments of medicine, for instance, otology. The test-types are comparable and well-understood values all the world over.

Having thus received a method of determining central vision, ophthalmologists soon obtained a similar one for the examination of the field of vision in the perimeter of Foerster and similar instruments, the results of which are recorded in geometrical figures on charts equally intelligible and comparable in all countries. The defects in the visual field are fully as important as those of direct vision; prognostically, even more so.

Some remarkable conditions have been brought to light by the examination of the field of vision; for instance, toxic amblyopia is a chronic retrobulbar neuritis, manifesting itself by a diminution of direct vision, the so-called central scotoma. At and around the point of fixation, first the colors, afterward objects, are not distinguished, whereas nearby and in the rest of the field no such defect is present. With the ophthalmoscope the temporal half, particularly the lower-outer quarter of the optic disc, appears pale or white, and this is so characteristic that the diagnosis of toxic amblyopia can be made with the eye-mirror. The pallor of the lower-outer quarter is the expression of atrophy of the papillo-macular nerve-bundle, which in the optic disc is situated

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there, and winds through the optic nerve in a kind of spiral, as has been discovered by the lately deceased Dr. Julius Samelsohn of Cologne. The same pallor in the outer-lower quarter is noticed in the coloboma of the macula lutea as the result of an ascending nerve atrophy.

Just the opposite defect in the visual field characterizes the amblyopia from poisonous doses of quinine; here, after a short period of total blindness, in which no, or extremely thin, blood-vessels are seen in the optic disc and retina, central vision in a small area of the region of the yellow spot returns, whereas the rest of the visual field is dark forever.

The defects in the visual field often direct our attention to lesions in the background of the eye which otherwise might have escaped us.

The significance of homonymous hemianopsia (from clot, embolism, abscess, tumor), of bitemporal hemianopsia (tumor of the hypophysis), together with the direct and consensual mobility of the pupil (simulated or hysterical blindness), the immobility of one or both pupils, the reflex immobility (in locomotor ataxia), discovered by Argyll Robertson of Edinburgh in 1871, are all valuable symptoms in general diagnosis.

Let me quote an example of the utility of the physical and functional examination of the eye. A young girl was brought to the speaker for chronic offensive discharge of the left ear after scarlatina. She had no pain, felt well, went to school and played with the children as usual. The ear showed attic caries, the ophthalmoscope bilateral choked disc, the functional examination rightsided homonymous hemianopsia, pupillary reaction normal, Wernicke's symptom not available, only occasionally some hesitation in calling things by their name. Diagnosis (concurred in by two neurologists): Abscess in the left optic radiation. Operation, consented to by the parents, radical clearing out of the ear, especially the attic, trephining the skull, pus at the first puncture in the temporo-sphenoidal lobe; evacuation of the pus; recovery. The choked disc gradually disappeared. The girl has been well these six years.

Of immense importance are the exact theoretical and practical studies of the refractive condition of the eye, which began immediately after the discovery of the ophthalmoscope (1851) and found their classical expression in the exhaustive treatise of F. C. Donders on "The Anomalies of Accommodation and Refraction." The applicability of medical knowledge in this highly-cultivated department of medicine is numerically as wide as the civilized population of the earth, for every educated person sooner or later in his life will require optical aid. The boon mankind has received by the discovery and correction of astigmatism alone is incalculable.

A kindred, though practically not so extended department, are the anomalies of motility, strabismus, paralysis and heterophoria, which have been studied by Gerérin, Strohmeyer, Dieffenbach, Critchett, v. Gräfe, Stevens and others. Strabismus and heterophoria primarily result in the majority of cases from anomalies of refraction, but require, in many cases, operative interference besides optical aid, especially if the latter has been long withheld and the uninterrupted strain led to an inharmonic development of the muscles. This field is large, its cultivation difficult but legitimate and thankful. It seems to me that at the present day America pays more attention to the anomalies of refraction and motility than any other country.

Let us now consider the advances operative ophthalmology has made during the nineteenth century. The application of iridectomy as a curative measure is a landmark of progress for which we are indebted to Albrecht v. Gräfe. He discovered in iridectomy the remedy for glaucoma, that dismal and not infrequent disease which, without iridectomy always leads to blindness. Though in chronic glaucoma the success of iridectomy is limited, in acute it occupies one of the highest places in medical art. Blindness, accompanied by the most violent symptoms of inflammation, with rapid and mostly binocular destruction of sight, is cured through the excision of a piece of iris, which, when upward, does not disfigure the eye, and restores its

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function *ad integrum*, a result of which few operations can boast.

The operations for cataract, especially extraction, have acquired in many cases a higher degree of safety by being combined with iridectomy. Though I can no longer endorse this combination as a general method (von Gräfe's), being convinced that in about 80 per cent. of the cases it not only lowers the standard of excellence of the removal of cataract, without increase, on the contrary with detraction of safety, it has its indisputable indications in *cataracta accreta* and other complications and difficulties, for instance, a very small pupil, with a rigid sphincter.

The more general tendency of operating for secondary cataract by methods suited to the case—discissions with a knife or a knife-shaped needle in simple capsular obstructions (about 90 per cent. of the cases), cystectomy in denser capsules (Panas), or iridotomy (De Wecker) and cyst-iridectomy in inflammatory occlusions of the pupil—secures permanently good visual results, preventing the subsequent gradual deterioration of vision from wrinkling, dotting and striation of the capsule.

The restoration of sight, with a round and permanently clear pupil, is the highest accomplishment of the eye-surgeon. It is a truly ideal result and obtainable in more than 50 per cent. of the cases. Many besides these patients are satisfied with useful sight, *i. e.*, reading ordinary type and ability for the performance of most occupations, including bookkeeping, whereas the failures occasioned primarily or secondarily by suppuration and plastic inflammation may occur in 5 per cent., including complicated cataracts worth operating on at all.

The introduction of bacteriology constitutes a landmark in ophthalmology as in all other branches of medicine and surgery. For many eye diseases the pathogenic micro-organism has been found. At one, the bacillus of acute catarrhal conjunctivitis, an American eye-surgeon, J. E. Weeks, has stood godfather at the side of the illustrious Robert Koch. Asepsis and antisepsis have raised the rate of success of eye operations very considerably. For instance, in cataract extraction, the destruction of the eye has become so rare that our endeavors no longer center in the avoidance of failure, but in the attainment of a perfect result, without sacrificing safety in any way.

The introduction of local anesthesia through cocaine by Carl Koller is another landmark which has made many of our operations on the eyeball painless and, therefore, more precise and more successful. Among its substitutes holocaine has to be mentioned, having the advantage over cocaine of acting more quickly and being an antiseptic, in not interfering with the circulation of the blood.

Among the new operative procedures the application of the magnet for the removal of iron foreign bodies from the interior of the eye is a great triumph, and according to my recent experience I can speak with the highest praise of the efficacy of the giant electro-magnet first used by Haab of Zurich. To extract foreign bodies from the anterior part of the eye is easy with the strong magnet, but also when they are invisibly embedded in the depth of the globe their presence and location can be determined with the instrument which also hauls them forth. This makes the tedious and laborious application of both the sideroscope and the *x*-rays dispensable. Instead of drawing the particle of iron to the bottom of the vitreous chamber we endeavor—in most cases successfully—to draw it through the vitreous to the posterior surface of the lens, and leading it through the zonule of Zinn into the posterior and anterior chambers, from where we can easily extract it through an incision of the cornea, mostly without mutilating the iris. In this way we avoid an incision of the sclerotic, choroid and retina, with its consequences, particularly detachment of the retina. In certain cases when the foreign body is situated somewhere on the walls of the vitreous chamber, mostly on the lower, and the magnet locates, but fails to move it, the sclerotic has to be incised.

As the last landmark I will mention the reaffiliation with ophthalmology with general medicine and surgery. The ophthalmologist of today is neither a self-sufficient refractionist, nor a graduated

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muscle-clipper, nor an itinerant cataract-worker, but an educated and licensed physician and surgeon, who wants to gain time for perfecting himself in the knowledge and treatment of the diseases of the organ of the highest sense more thoroughly than it would be possible if he remained in general practice. He tries to keep himself informed with the progress of pathology, and his field of labor is wide enough to require practical knowledge in both medicine and surgery. He will take many ideas from the practitioner, and, on the other hand, will help him out in many details, recognizable only with the ophthalmoscope and other means.

Division of labor leads to proficiency; centralization and organization of labor is, as I understand it, distribution of labor among the fittest for each kind of work. The greatest credit for the organization of medical labor is due to general societies, such as the one whose glorious centennial anniversary we have come from far and near to celebrate today.

PROGRESS IN GYNECOLOGY.

By Charles P. Noble, M.D.,

of Philadelphia, Pa.

AN ADDRESS DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND, AT BALTIMORE, MD., APRIL 20, 1899.

Mr. President and Gentlemen:

When your secretary invited me to address you tonight he requested that I select some "live" subject in gynecology. As you know, for some years while the practice of gynecology has been steadily improving and its principles have become more scientific, in that now they are based upon the broad principles of general pathology, yet it is true that there has been little that is new added to the subject. Therefore I cannot bring before you any new topic of importance for your consideration. Under these circumstances it has seemed to me that it might be of interest to give you the views of an active worker in this field as to what will be the lines of progress in the future of gynecology. The *rôle* of prophet is one which it is at best difficult to fill, and in surgery and medicine this is particularly true. Additions to the science of medicine and improvements in the art of our profession frequently render absurd the carefully-considered prophecies of the recent past. I well remember as a student reading the preface to that excellent treatise upon surgery by John Eric Erichsen. In the preface to the edition of 1880, in reviewing the advances in surgery, he states that the limits of the surgical art have about been reached, as every portion of the body except the chest and brain had at that time been invaded by the systematized operations of the surgeon. He thought that in the future surgeons might improve in details, but that the principles of the art were well crystallized, and yet before the ink upon the edition was dry it was practically valueless, because antiseptic surgery had set at naught most of the considerations upon which the art of surgery at that date was based. Should medicine be enriched by some such far-reaching discovery as antisepsis our prophecies undoubtedly will be of little worth, but so long as we work upon the lines which engage us at present it seems to me that progress must be in those directions which will be indicated.

The diseases of women may be broadly divided as follows: 1. Congenital diseases or malformations. 2. Diseases or malformations due to lack of development. 3. Tumors. 4. Diseases incident to sexual activity, such as gonorrheal and syphilitic infection, lacerations due to childbirth and infection post-partum and post-abortum.

Diseases of women due to congenital causes, such as the more or less complete absence of the genitalia, the occlusion of the genital tract at one or more points and similar conditions, it would seem are beyond the resources of art to modify in any way. Aside from the broad proposition that normal parents are more apt to procreate normal offspring than is true of degenerates, at the present time we have no basis upon which to expect progress in the control of such diseases as malformations.

Certain diseases or morbid conditions of women are due to the lack of normal development of the sexual organs. The most common condition of this kind is

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that in which the uterus does not undergo its proper development, but remains of less than normal size, and the cervix in particular is decidedly undeveloped. Under these circumstances the so-called infantile or partially-developed uterus is apt to be more or less abnormally anteflexed. In many of these patients the vagina also is smaller than normal, and in the more extreme cases the ovaries and Fallopian tubes are likewise only partially developed. I have frequently noticed that in this class of cases it is not alone the sexual organs which are abnormal; such women are apt to be abnormal viewed as a whole. Their nervous system is far from normal and their mentality is equally of poor development.

I was much interested some years ago in studying a number of such cases in conjunction with the late Dr. Harrison Allen, who reported to me that in those examined most of them had, in addition to the poor development of the sexual organs and the abnormal nervous system already referred to, a lack of development of various of the bones, including the sternum and the bones of the mouth. I have his authority for stating that this lack of development of the bones is very common in this class of cases. For this entire class of cases, of which the one just sketched is taken as an illustration, it must be along the lines of hygienic living that progress will be made in the future. Girls whose growth is interrupted by various causes must be placed in a favorable environment, so that they may be assisted in developing into normal women. This is by no means a new thought, but it has been dwelt upon more especially with reference to girls at or beyond the period of puberty and in connection with the school life of such adolescents. There is no doubt that a life which contains too much excitement, which stimulates the mind at the expense of the body, which interferes with wholesome exercise in the fresh air and which disturbs the digestion, the regularity of the bowels and regular habits of sleep interferes materially with the proper development of the nervous system and of the sexual organs. In the future if more intelligent attention is devoted to these subjects a certain percentage of the women who now become neurotics and sufferers from pelvic disorders will instead develop into normal women and mothers.

The cause of tumors is so enveloped in uncertainty that progress in the sense of preventing the growth of tumors must depend upon discoveries which have not yet been made. The various theories which are advanced to account for the occurrence of tumors are much more easily advanced than proven, and so far as I know none of them contain any suggestions for the possible prevention of the occurrence of these growths. So far as the cure of tumors of the genital organs is concerned the present status of the subject is, on the whole, very satisfactory, that is, if we except malignant tumors. The present century has seen the beginning of the curative treatment of these disorders, and now at the end of the century the results secured in the curative treatment of these growths are such as would have astounded our predecessors in the beginning, in the middle and even in the third quarter of the century. Nevertheless, much yet remains to be accomplished. The teaching concerning the proper treatment of ovarian tumors has become crystallized, and it is that such tumors should be removed so soon as the diagnosis has been made. This practice is not yet universal, and along our present lines of work much progress can be made in educating the general profession and the community to act upon these principles, so that delay will no longer cost the lives of patients suffering from such growths.

At the present time, in good hands, deaths following the removal of ovarian tumors are almost invariably the result of delay until the vitality of the patient has been sapped, until suppuration has taken place or until malignant degeneration of the tumor has occurred.. Careful pathological studies have shown that a considerable percentage of ovarian tumors are malignant, and this reason alone, aside from the general surgical reasons, should determine the profession to submit all such tumors to immediate operation.

The curative treatment of fibroid tumors of the uterus is less than sixty years old. Prior to 1840 none had ever been

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operated upon except such as had become pediculated fibroids and had escaped by the contractions of the uterus from that organ into the vagina. The successful evolution of the operative treatment of fibroid tumors has been even more remarkable than that of ovariotomy. At first a most desperate operation only to be considered under extreme conditions, then an operation of great gravity, attempted only by a few bold, courageous surgeons, it has now become one of the most safe and successful of all capital operations. The resources of our art have so greatly multiplied that it is no longer necessary in many cases to oblige a woman to sacrifice her sexual organs in order to cure her of a fibroid tumor, but instead the tumor or tumors may be removed, leaving the sexual organs more or less perfectly intact. It seems to me that progress in the treatment of fibroid tumors will be along the line of early operation, that these tumors will be removed when still small and when it is possible to substitute a myomectomy for a hysterectomy to cure the patient while preserving her sexual organs intact, and to conserve her interests by preventing the years of invalidism or semi-invalidism, which has been the general, if not the absolute, rule in such cases.

Up until the present time the experience of those who have advocated myomectomy has not been easily accessible to the profession, but it will be found that the results of such men as Kelly, Dudley and MacMonagle, not to go out of our own country, have been such as fully to justify the proposition just advanced, and I might add that my own experience, extending over some years, is fully in accord with theirs. I have no doubt that hysterectomy will continue to be a necessary and beneficent operation, but it will be restricted to cases of multiple tumors, to women who have passed or who are approaching the menopause, to those who are already the mothers of families and to those whose general condition makes it imperative to select the simplest and most expeditious operation which will cure them of their malady. Myomectomy will be more frequently practiced the more generally early operation is adopted in the treatment of fibroid tumors, and the percentage of cases in which it is applicable will increase the more fully this rule of practice is followed.

In this address it will serve no good purpose to discuss the question of the less frequent tumors, such as cysts of the broad ligament and of the vagina and of fibroid and other tumors of these structures, which are rare. Instead we will confine ourselves to the consideration of progress in the treatment of malignant tumors. The curative treatment of malignant disease of the genitalia, more especially of the uterus, ovaries and mammary glands, has made very considerable progress along the present lines of practice. With an early diagnosis and prompt operation we may expect a definite cure in most cases of sarcoma of the ovary. Experience has shown that the percentage of recurrence is small. This is perhaps even more true of carcinoma of the body of the uterus. This variety of cancer develops so slowly that it extends beyond the uterus only after several years. Hysterectomy promises admirable results in such cases and recurrences are extremely rare. In my own practice I have never seen a recurrence after the removal of such a growth. A reasonable degree of success has also been secured in the treatment of epithelioma of the cervix, more especially of the so-called cauliflower cancer. This is true both of treatment by high amputation, especially by the electric cautery, and by hysterectomy. The least favorable field for operative treatment is carcinoma of the cervix proper. Almost all such cases recur, no matter what form of treatment is adopted. The treatment of cancer of the breast also has been greatly improved within the past ten years, and surgeons may reasonably expect to cure 30 per cent., and perhaps even more, of such cases by the present methods of practice.

Nevertheless, while recognizing the great improvements which have taken place in practice in dealing with malignant growths, we must realize the shortcomings of our art in this field. The limitations of the diagnostician's art, the reluctance of patients to submit themselves to early operation or even to seek

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counsel concerning the nature of new growths, combine to make any great progress in the cure of cancer along the present lines of development a matter of very great doubt. Progress will be made, it is to be hoped, in dealing with malignant growths by some radical discovery which will entirely alter our methods of treatment of these tumors. The investigator who shall discover the cause of cancer, or an efficient means of preventing it, or of curing it, will confer the greatest boon which can be conferred on humanity at this time, for while tuberculosis is a greater scourge to the human family, it is much more amenable both to curative and to palliative treatment, and at the worst death from tuberculosis has not the painful and distressing characteristics which belong to cancer. In what manner the discovery of an efficient means for the prevention or cure of cancer will be brought about it is not possible to say, as we are still in the dark as to the real nature of this disease, but there are evidences which lead those of an optimistic temperament to believe that the day is not far distant when this discovery will be added to the triumphs of the healing art.

At the present time progress in the treatment of cancer in women must depend upon educating the profession to appreciate what has already been accomplished, so that they and through them patients suffering from this disease will be brought to the surgeon at the earliest possible period in the history of the disease. Should this desirable end be brought about there is no doubt that our favorable results in the curative treatment of cancer will be increased two if not threefold. That old wives' fable, the change of life, as an explanation of the symptoms of all diseases to which women over thirty-five years of age are liable, is still influencing a large proportion of women and, I am afraid, even a part of the profession, so that morbid conditions in the genitalia are not investigated promptly, as our knowledge of the subject indicates should be the case. There is also a very pessimistic feeling among many members of our profession as to the results secured in the treatment of cancer, many men refusing to accept the results claimed by surgeons and gynecologists in this field. The profession owes it to the sufferers from this dreadful malady to act upon the results which have been secured and to submit all cases of cancer to radical operation so soon as the diagnosis is made.

Our knowledge of gonorrhea and syphilis has progressed until we are acquainted with the real nature of these diseases, with their natural history, complications and curative treatment. It is difficult to foresee what direction progress will take in dealing with these conditions. The prevention of these diseases should be a fruitful field, but, unfortunately, their occurrence has its basis in perhaps the strongest passion in human nature. If the world became moral and the Decalogue were observed the prevention of these disorders would cease to be a problem. I must confess that I belong to those who are pessimistic about the prevention of these disorders, and that I believe this will be accomplished only in the ratio in which general morality is observed.

When it was discovered that pelvic inflammation in women is due, as a rule, either to gonorrhea or to puerperal infection, one of the greatest steps was made in the development of the science of gynecology. As a consequence of this discovery we now know the real nature of inflammation of the uterine appendages. For some years also it has been a matter of everyday experience that the more grave and painful consequences of this phase of gonorrhea, the recurrent attacks of peritonitis and the local pains resulting from pelvic adhesions can be relieved by the removal of the organs involved. As compared with the status of the subject before this discovery, when nothing could be done for these poor women but to let them suffer and die, great progress has indeed been made. It now remains to be seen whether these cases or a percentage of them can be cured without the sacrifice of the organs involved. Upon this problem gynecologists are now engaged, but to the future must be left its solution. So long as this work must be done upon present lines I am not optimistic as to the percentage of anatomical cures which will be secured, but it is a broad and impor-

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tant field and well worthy of the most careful investigation.

Puerperal infection is a question which is every day becoming more simple. The nature of the various infections, the conditions which favor infections and the means of their prevention are daily becoming better known, and it seems reasonable to believe that in the not distant future puerperal infection, which has been such a scourge to child-bearing women in the past, will practically cease to exist. All recent studies point to the conclusion that among healthy women its prevention depends practically upon the disinfection of the hands and instruments coming in contact with the lying-in woman. To this may be added the disinfection of the external genitals of the woman herself. Other factors present themselves when the pregnant woman has vaginitis, but under normal conditions the problem is becoming more and more simple. It has been well said that the polished and gentlemanly surgeon of the past generation commonly carried the death of his patient upon his fingers, and this will be even more truly said of the accoucher of the present and future whose patient dies of puerperal infection. In dealing with the secondary consequences of puerperal infection at least as much progress has been made as is the case with gonorrheal infection in relieving patients of the consequences of infection of the uterus, Fallopian tubes, ovaries and broad ligaments. The same questions are being studied in this field as to whether conservative operations may not advantageously be substituted for the exsective operations heretofore considered necessary.

My own experience leads me to be much more hopeful of the possibilities of conservative surgery in this field than in that of gonorrheal infection. When the inflammatory processes in the pelvis due to puerperal infection stop short of pus formation, almost, if not all, cases can be restored to health by conservative measures, either non-operative or operative. When pus formation results, if the pus is located in the broad ligaments or within the peritoneal cavity, conservative drainage operations will yield admirable results, and in those cases in which it is contained in the ovaries and in the Fallopian tubes in my opinion this field promises much more successful results from drainage operations than is true of gonorrheal infection.

I will not take up your time with the consideration of the improvements which have been made in the domain of the conservative surgery of the uterine appendages. The results in this line of work in the past have been most fruitful, and it requires but little of the gift of prophecy to foresee that this will be much more true of the future.

Progress in the treatment of lacerations incident to child-bearing need be touched upon but lightly. The prevention of these lesions depends upon measures looking to the physical perfection of women and to the intelligent application of the well-recognized principles of obstetrics. With intelligence and care the frequency of the occurrence of these lesions may be lessened, but certainly no gynecologist of large experience of the present day will believe that the near future will witness the disappearance of these accidents. Undoubtedly there is great room for progress in the treatment of these lesions, and the profession must be educated to a more general appreciation of their importance and of the wisdom of applying in practice the precepts of those who have made a special study of these disorders. Were the lacerations of the birth-canal promptly repaired at the conclusion of labor, women would be saved an immense burden of discomfort and suffering, which, up until the present, they have borne, and the gynecological beds in our hospitals would be much less numerous than present conditions necessitate.

In general, progress in gynecology must come, first, by educating the general profession to an appreciation of what has already been accomplished. It is only in this way that the public can avail themselves of the present resources of our art. Among gynecologists themselves progress must come by making the basis of gynecology more pathological and less clinical. Gynecological theories must stand the test of general pathology, and until this end has been fully accomplished

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gynecology will remain to a certain extent empirical. To place gynecology upon a broad scientific basis is of such importance that it is one of the most urgent duties of specialists in this department to avail themselves of the studies of expert pathologists. This will accomplish two admirable ends—correct false theories in gynecology and add to the knowledge of the pathology of the diseases of women.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FRIDAY, MAY 19, 1899.

THE meeting was called to order by the president, Dr. J. Williams Lord. Drs. W. B. Wolf and Samuel Kahn were elected to membership.

Dr. Louise Erich read a paper on "Five Cases of Scoliosis Treated by the Teschner Method." In referring to this system of physical exercise, originated by Dr. Teschner of New York, Dr. Erich said it is founded upon the belief that the want of equilibrium of the muscles on either side of the spinal column in scoliosis is caused by a weakened or rudimentary condition not only of the muscles of the back, but of the muscular system in general, and that to benefit such patients it is therefore necessary that the muscles of the entire body should be developed, educated and strengthened to the fullest extent. In all cases amenable to treatment all supporting or immobilizing appliances should be dispensed with, as they interfere with mobility, and thus, by weakening the muscles of the back, chest and abdomen, counteract the good effects gained by treatment. All movements should be performed before a mirror in a tightly-fitting jersey suit, so that the slightest error in attitude can be immediately detected by the patient. In this way an habitually correct position is cultivated.

In a paper published in the *New York Medical Journal* May 23, 1896, Dr. Teschner says: "Taking the standpoint that (1) lack of strength and lack of muscular development, (2) habitual faulty position with superimposed weight, and (3) lack of co-ordinating power or lack of muscular control are the more potent etiological factors in producing deformities, it is and has been my aim—and I believe I have succeeded—in correcting deformities by reversing these conditions—that is, (1) by developing the muscles and their strength; (2) by acquiring an habitually corrected position with superimposed weight, and (3) by educating all the muscles to proper co-ordination and to complete control. A pair of dumb-bells weighing from half a pound to five pounds is used in a series of twenty-six exercises for the development of the muscles. In addition to the development exercises, the patients work with heavy bars and bells. The weight of the bars and bells, and the number of times that each heavy weight or pair of weights is handled, depend upon the strength, capacity and upon the endurance of the individual. Bells weighing from five to eighty pounds each, and steel bars and bar-bells weighing from twenty-six to over 111 pounds, are used in different ways. Bells are pushed from the shoulders above the head alternately as often as the patient can. The patient is instructed to swing a heavy bell with one hand from the floor above the head and down again, the elbow and wrist being fixed, and the motion being repeated as often as possible in a systematic manner; then with the other hand the same number of times, and later with both. This exerts all the intensor muscles from the toes to the head in rapid succession."

Dr. Erich says she has never, with one exception, required her patients to use a bar weighing over sixty-one pounds, and rarely dumb-bells weighing over twenty-five pounds, nor are they required to lift more at each succeeding treatment, and are never permitted to lift an amount which causes discomfort. The strength of the patient is gradually increased day by day, until finally they are able to lift what would ordinarily be considered enormous weights with very little apparent discomfort.

Dr. Erich also exhibited a number of photographs showing the very marked improvement under this treatment in the five cases reported.

Dr. Todd said it is surprising what simple remedies will accomplish, and that the

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nearer we get to nature the more successful we are in medicine and surgery. He had seen one of Dr. Erich's cases, and watched her lift a 61-pound bar above her head with perfect ease, her pulse and respiration being perfectly normal afterwards.

Dr. McConachie thought the results as shown in Dr. Erich's cases were almost marvelous. While in his own particular line of work he does not use dumb-bells, the principle of strengthening the muscles of the eye by the use of prisms is practically the same.

Dr. C. Urban Smith wished to ask Dr. Erich about the permanency of this treatment.

Dr. Erich said she did not believe the cases would deteriorate afterwards, but this being only her third winter she could not say positively that they will not. Dr. Teschner himself claims that they go on improving after the treatment has stopped.

Dr. T. B. Futcher read a paper entitled "Lipemia in a Case of Diabetes Mellitus."

Dr. A. D. McConachie read a paper on "What Shall We Eat and Drink?—How and When?"

Dr. McConachie thinks we cannot overestimate the importance of a properly regulated diet. It is essential to maintain perfect health, to prevent disease and to help nature to cure disease when once established. Our greatest possibilities for success, medical and surgical, lie in the successful regulation of the diet. In looking for the cause in most cases of indigestion, dyspepsia, etc., we usually find the trouble to be due to one or more of the following causes: Rapid eating, improper food, eating when fatigued, use of alcoholic beverages, tea, coffee or soda water drinks, too severe exercise after eating. The treatment of such condition is largely dietetic. Medicine is of secondary importance and an aid for only a short time, overcoming the faulty digestion then existing. We must correct the underlying cause. Defective teeth should be repaired; indulgence in tea, coffee and alcoholics forbidden; too rapid eating corrected; eating too frequently at irregular times abandoned; eating when fatigued or exercising too soon after a meal forbidden.

Medical Progress.

TREATMENT OF ACNE.—Saalfeld (British Medical Journal) uses a special apparatus for the combination of the steam and alcoholic soap treatments of acne. The apparatus consists of a funnel with double walls large enough to admit the face. The interval between the two walls of the funnel is filled with hot water; an outer coat of asbestos surrounds the funnel, except at the lower part, which is heated by a spirit lamp. The apex of the funnel leads to a steam inhaler, in which the alkaline alcoholic solution of soap is placed. The patient places his face in the funnel, and the steam and soap solution acts on the skin. The temperature is regulated by a thermometer on the top of the funnel. A temperature of 55° C. on this thermometer indicates 44° C. inside the funnel, and this is easily borne. The treatment is applied daily for periods of five to fifteen minutes. The author claims good results in acne vulgaris and acne indurata.

* * *

LAVAGE FOR HEADACHE.—Peck (University Medical Magazine), in an article upon the treatment of headache, calls attention to Herter's method of washing out the stomach for migrainous headaches. The stomach—even if empty—is washed out with water at a temperature not less than 105° F. When lavage cannot be used, hot water should be drunk. The procedure relieves the pain, and if used at the outset may abort the attack. The rationale of the method is not clear, but may be explained as the relief of an exhausted nervous system from toxic material in the stomach.

* * *

OREXIN IN THE VOMITING OF PREGNANCY.—Dr. F. Hermanni reports in the American Journal of the Medical Sciences nine instances of the use of this remedy in five-grain doses after each meal. Not only was the vomiting speedily relieved, but the nausea ceased and the appetite returned. Frequently but a few days' treatment was necessary to effect a permanent cure. No unpleasant symptoms were occasioned by the remedy.

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MARYLAND MEDICAL JOURNAL,
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BALTIMORE, JULY 8, 1899.

Music and Medicine.

ALMOST everyone has a hobby, and surely every physician has some side show that diverts his thoughts and gives him a rest from daily work. At the present day, in many instances, the study of music, perhaps in the most rudimentary form, makes up a part of a liberal education. It is no wonder, then, that some physicians have given a certain amount of attention to this branch of the fine arts.

It is rather remarkable that of the four acknowledged stomach specialists in Baltimore, all of them, if report be true, have more than an ordinary knowledge of music. There is, however, a great difference between being musical in the ordinary sense and in thoroughly understanding music. Perhaps all of these gastro-enterologists are musical in the loose sense, but one of them at least is a thorough master of musical composition, understanding theory, harmony, and being able to play on most and compose for all the instruments that make up a modern orchestra.

Dr. John C. Hemmeter, who has made himself celebrated as the author of a work on diseases of the stomach, is also a composer of music of no mean reputation. Recently, as has been noted in many of the papers, he had performed at his father's grave in a cemetery in Baltimore one of his compositions, and the rendition of this music was all the more impressive in that about two hundred singers and thirty-five performers took part in an orchestra. Those who attend the social gatherings of physicians will remember with pleasure Dr. Hemmeter's piano performances, and it is therefore a pleasure to record the fact that he is known not only as a stomach specialist whose fame has reached beyond this continent, but also as a musician of some power.

* * *

Dividing Fees.

AND now the latest question is advising that the specialist shall divide his fees with the physician who sends the case. This is earnestly advocated by some journals, and while it may in some cases seem rather fair, as a whole it is not to be recommended. As well might persons not physicians toot for a specialist and demand a division of the fee. It could easily train up a class of runners for this or that specialist, and the man with the most cases would be the man who paid his supporters the most liberally.

If a physician recommends a case to a surgeon, and an operation is performed at which the attending physician is requested by the patient or friends of the patient to be present, then naturally a fee should come to that physician, even though he may do nothing but be present. If the patient can pay only a fixed sum, and it is understood beforehand, these are cases in which it might be well for the consultant to take a trifle less than the sum and let the physician have the rest, not from the consultant, but from the patient. There is a tendency at the present day to put too much of a business aspect on medical attention, and while the physician should demand pay for his services and receive it, that part of the work should not be made too prominent.

If the consultant is expected to pay to the physician recommending the case a part of his fee the results would be a downward step. Physicians and surgeons should discourage any such tendency to commercialize the practice of medicine, and this kind of tipping should be left entirely out of consideration.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 1, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	10
Phthisis Pulmonalis	1	13
Measles	32	1
Whooping Cough	1	1
Pseudo-Membranous Croup and Diphtheria.	16	6
Mumps	1	..
Scarlet Fever	11	1
Varioloid	..	..
Varicella	..	..
Typhoid Fever	*8	1
La Grippe	..	..

*1 case imported.

The homeopathic physicians have just closed a session at Atlantic City.

The Laval University of Montreal is about to found a chair of pathology.

There is a very sensible reaction in Germany against overwork in the schools.

Harvard Medical School has just received $400,000 from the Ellis family of Boston.

The New Jersey State Medical Society had a very successful meeting last week at Allenhurst, N. J.

There is some prospect that the American Medical Association will arrange to publish the *Index Medicus*.

The report of Mount Hope Retreat shows that institution to be in a very flourishing condition.

Zuckerkandl has succeeded Puschmann as dean of the medical faculty of the University of Vienna.

The extreme heat of summer will drive many persons to summer resorts, whence they will return with typhoid fever.

Dr. J. J. Kinyoun of the United States Marine Hospital Service has been stationed in San Francisco.

The Atlanta board of health has been making war on the wells of that city and has ordered them to be filled up to prevent contagion.

The College of Physicians and Surgeons of San Francisco will be rebuilt. The cornerstone of the new building was laid recently.

A Mr. Cooper of Chicago, who was born in Holland, has given about $200,000 to erect a hospital in the small Dutch town where he was born.

The latest society which announces its meeting is the International Congress for Medical Examiners of Life Insurance Companies, which will meet at Brussels in September.

From the large number of physicians who have gone to Europe the past year has evidently been a prosperous one in the practice of medicine.

The more general distribution of special hospitals for consumptives, for epileptics, etc., is gradually creating a class of specialists in nursing.

The following deaths have occurred among the medical profession in Virginia: Dr. John W. Williams of Bowdton, aged ninety-one, and Dr. W. T. Fleet of Walkerton, aged eighty.

Dr. Charles D. Smith of Hooper's Island, near Cambridge, Md., died rather suddenly last week at his home. Dr. Smith had formerly practiced in Baltimore.

Dr. Robert Hoffmann, one of the few gastro-enterologists of Baltimore, has gone to Paris and Berlin to visit the special clinics for diseases of the stomach and intestines.

Great preparations are in progress for the sixty-seventh annual meeting of the British Medical Association, which will be held at Portsmouth August 1, 2, 3 and 4 of this year.

Foreign surgeons are now waging war on the surgeon who wears a luxuriant beard. It is a source of contagion, as has been proven, and indeed it needs no proof, and it should be cut off.

At the suggestion of Koch the German government is about to erect at Hamburg an institute for research on tropical diseases. This city has been chosen because it is a seaport. Thirty beds are to be provided.

It is proposed to have in France a public bacteriological laboratory in each department at the expense of the government for the study of the prevention of contagious diseases in general and of tuberculosis in particular.

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Book Reviews.

SAUNDERS' MEDICAL HAND-ATLASES. Atlas of the External Diseases of the Eye, including a Brief Treatise on the Pathology and Treatment by Prof. Dr. O. Haab of Zurich. Authorized Translation from the German. Edited by George E. de Schweinitz, A.M., M.D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia, etc. Seventy-six colored plates and six engravings. Price $3. Philadelphia: W. B. Saunders.

We heartily commend this book to students and practitioners of medicine. It is a complete, yet concise, treatise on the external diseases of the eye, and even the skilled ophthalmologist will find it of great service. The illustrations are beautifully executed, depicting with remarkable accuracy the various conditions as seen clinically, and excel many that have appeared recently in more expensive atlases. In almost every instance the picture speaks for itself, and the accompanying text, which has been so ably edited by Dr. de Schweinitz, will obviate the need of the more elaborate textbook.

We congratulate the publisher on the all-round excellent workmanship displayed in the production of this volume, and feel sure it will meet with as hearty a reception as the best of this excellent series deserves.

THREE THOUSAND QUESTIONS ON MEDICAL SUBJECTS ARRANGED FOR SELF-EXAMINATION. With the Proper References to Standard Works, in which the Correct Replies Will be Found. Second edition, enlarged. Price ten cents. Philadelphia: P. Blakiston's Son & Co. 1899.

This is quite an original idea, and while advertising the books of the publisher it is an eminently practical book and has been prepared by one who is careful and painstaking. If the student masters all these questions he will be able to pass any examination.

THE MEDICAL NEWS POCKET FORMULARY FOR 1899. By E. Quin Thornton, M.D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Philadelphia. Pp. 272. Price $1.50. Philadelphia and New York: Lea Bros. & Co. 1899.

While such works are not to be advised, and are not used by the experienced physician, they do give an occasional hint to the worshipper of drugs. It might be a dangerous book in some hands, and, on the whole, the publication of such books should not be encouraged.

Washington Notes.

Acting Assistant Surgeons E. W. Ames, A. J. Black and J. E. Shallenberger have been ordered to San Francisco.

Dr. P. L. Gunckel, late resident physician of Eastern Dispensary and Casualty, will soon enter into professional life at Dayton, Ohio.

The following surgeons have been ordered to duty in the Philippines: Major Wm. W. Gray, Acting Assistants Willis J. Raynor, G. L. Hicks and W. C. Berlin.

Dr. Wm. P. Reeves has been elected resident physician at "The Eastern." The house staff now consists of: Resident physician, Wm. P. Reeves; assistants, A. D. Butz, R. A. Warner and T. L. Jones; matron, Anna L. Hullfish.

Prof. E. A. de Schweinitz and Dr. Boyd of the U. S. N. have returned from the international tuberculosis congress and have made brief reports to the Secretary of State. They pronounce the congress a success and believe many practical results will follow. The congress was made up of the most prominent physicians, hygienists and bacteriologists in the world.

REPRINTS, ETC., RECEIVED.

The Treatment of Chronic Enteritis. By E. P. Hershey, C.E., M.D. Reprint from the *Western Medical and Surgical Gazette.*

Chronic Catarrh of the Stomach. By Charles D. Aaron, M.D. Reprint from the *Pharmacologist.*

Some Sources of Failure in Treating Lachrymal Obstruction. By Leartus Connor, A.M., M.D. Reprint from the *Journal.*

The Early Diagnosis of Cancer of the Stomach. By Charles D. Aaron, M.D. Reprint from the *Journal.*

Angina Ludovici Complicating an Acute Suppurative Otitis; Recovery. By M. D. Lederman, M.D. Reprint from the *Medical Record.*

Report of Surgical Operations in the Private Surgical Infirmary of Drs. S. C. and Samuel S. Briggs. Seventh Session. 1897-98.

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Original Articles.

NOSTRUMS.

By Horatio C. Wood,
Philadelphia.

READ AT THE CENTENNIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 25-28, 1899.

VERY properly, in strict accordance with its etymological significance, old Dr. Johnson defined Nostrum to be "a medicine not yet made public, but remaining in some single hand," but under the present heading I propose to widen out the inquiry of the hour into a more general examination and review of the use in the United States of medicines extra-pharmacopeial in their relations and more or less secret or proprietary in their origin.

Time was when the business of pharmacy partook of the nature of a profession, but more and more is the old apothecary shop becoming a mere distributing store, requiring little more scientific knowledge for its management than does the corner grocery. At one time 80 per cent. of the receipts of the druggist were from preparations made or prescriptions compounded in his own laboratory or shop. In 1890 Mr. M. N. Kline made an inquiry based upon the sales of the large wholesale druggists, and found out of 100 consecutive orders, 58 per cent. were of patented and proprietary articles, 6 per cent. were pharmaceutical preparations, about 1 per cent. were packeted goods, the remainder apparently being crude drugs; or, taking the purchases for three months by five representative druggists, who bought their supplies from one store, 64 per cent. were patented and proprietary articles, about 1 per cent. packeted goods, leaving 35 per cent. as the proportion of legitimate pharmaceutical preparations and crude drugs. This would indicate that about 40 per cent. of the sales of the retailer are connected with legitimate pharmacy.

No one can have watched the progress of this matter without being convinced that the sale of extra-pharmacopeial remedies and nostrums is year by year steadily increasing. In order to get another view of the subject, I addressed the following questions to sundry druggists:

"What, judging from your experience, is the proportion between the sales in the average Philadelphia drug store of (1) physicians' prescriptions, (2) drugs and their preparations, not proprietary nor patent, (3) proprietary or patent medicines?"

The replies received have not been very numerous or very satisfactory, but they show that the percentage of patent and proprietary medicines sold varies greatly in different retail stores, and is large almost in proportion to the modern character of the store, there being still left in Philadelphia a few old-time apothecaries who have been able to bring down from the past a legitimate trade for prescriptions and drugs, in which the proprietary medicines form but a small part. According to the answers I received, in the modern drug store the proprietary articles appear to constitute from 50 to 60 per cent. of the sales.

The magnitude of the change is further shown in the fact that twenty years ago there were in the city of Philadelphia about thirty wholesale drug stores; today I am informed there are but six, not including those who sell medicines not to the drug trade, but to country stores. More than this, according to a member of a successful firm, most of these wholesale drug stores are kept alive by their

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own specialties, a purely distributing house being almost unknown, and three-fourths of the business is further said to be the selling not of standard drugs, but of proprietary articles.

If the business changes which we have noted consisted simply of the lessened sale of drugs, and showed that the world was taking less medicine than twenty years ago, there might be reason for congratulation and hope of progress, but the changes which have taken place would seem to be not a diminished output of medicine, but the substitution for the true and known of the untrue and unknown. Surely there is more hope for a nation that takes quinine than for one that lives on vermin killer or health pills.

It is generally believed that the proprietary and patent medicine business is one which invariably yields great receipts; careful inquiry, however, seems to show that this is a mistake; that it is a speculative rather than a legitimate business—one which does not yield a larger percentage for the investment than do the ordinary occupations of life, but which, like a huge lottery, gives great but barren promises to the many and to the few money prizes which dazzle the eyes of the multitude. Careful inquiry among those who are thoroughly familiar with the patent-medicine business shows that in this country within the last twenty years not more than fifty persons have succeeded in making fortunes out of it; rarely have these fortunes exceeded one hundred thousand dollars, and in not more than half a dozen cases have they reached a million dollars. The profits of the business are enormous; the amount of business which has been done gigantic. Where, then, have the profits gone? Into the newspapers and magazines, lay and medical! Thousands of persons have been ruined by advertising beyond their means, and not having sufficient capital to meet the obligations they had incurred, have passed into bankruptcy.

Almost every drug store in America has its own so-called "specialties," which are of the nature of proprietary medicines; but, leaving these out of sight, there are about three hundred firms or companies who do business on a large enough scale to be called proprietors. Of these three hundred, we are informed by competent authority, fifty spend in advertising from $20,000 to $100,000 a year, twenty from $300,000 to $500,000 a year, the balance from $10,000 to $20,000 a year, making in all, as closely as can be determined, between fourteen to fifteen millions yearly spent in the advertising of nostrums. This stream of gold passes into the exchequers of the newspapers, the magazines and the advertising agents. Cause it to cease, and a considerable proportion of the newspapers and of the medical journals of the United States would cease to live—a consummation most devoutly to be prayed for. If there were only a half dozen medical journals published in the United States—if every doctor who wrote an article that had not novelty or other valuable quality in it should be beheaded within a fortnight—what a blessed world would it be to live in, but how rapidly would the medical profession be depleted!

It is a matter of great interest to know what proportion of the nostrums swallowed by the public are purveyed through the medical profession. It is probably impossible to get accurate statistics, but a gentleman who is connected with one of the largest distributing houses in the United States, and who has paid especial attention to this subject, estimates that about 10 per cent. of the whole patent medicine and proprietary trade is carried on through the physicians. This estimate seems to me under rather than over the truth.

We, as members of the medical profession, and especially those of us who are connected with the medical press, are accustomed to inveigh against newspapers, secular and religious, for accepting the advertisements of patent and proprietary medicines, whereas, in truth, unless the pot be warranted in calling the kettle black, we ought to keep silence with shamefacedness.

All dealers in medicines of the class under consideration with whom I have come in contact are concordant in asserting that the most successful proprietary remedies of the day are those which are chiefly or often solely distributed through the

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physicians, and in my own consulting practice I have been astounded to so often find men of good repute and standing using drugs of whose nature they have no knowledge. There certainly has been of late years a rapid growth among physicians of the habit of prescribing proprietary medicines.

The ease of prescription, and the readiness of administration of the modern tablet, is undoubtedly doing much in increasing the use of nostrums. If the user of the tablet could by its use simplify his practice, it would be well. If he would have tablets of strychnine, tablets of cocaine, tablets of digitalis and tablets of nitroglycerin, etc., he might escape from polypharmacy and really become more scientific and successful in obtaining results, but in the majority of cases the tablet links itself with polypharmacy. The cardiac stimulant tablet will contain nitroglycerin, whose action is past in twenty-five minutes, and digitalis, whose influence cannot be felt under five or six or more hours; or, as in instances which we have known, he will have the nitroglycerin combined with iodides, bromides and half a dozen other remedies having no relation one with the other, and, perchance, antagonistic. Then, again, prescriptions in which not even uniformity of size is maintained—shotgun prescriptions, in which BB is mixed with No. 8, and even mustard-seed—prescriptions invented on the principle of the sea captain, who gave to the sick sailor a little of everything in the sea chest, saying, "He be double D'd that if the man died it was not his fault, as he had given to him (the sailor) a little of everything he had." From this to the abyss of nostrumism is a steep and slippery path; *facilis descensus Averni.*

Not only, however, do members of the profession stultify themselves by prescribing nostrums, but even more depressing is the fact that, never mind how worthless a remedy may be, the proprietor can almost invariably secure public recognition of excellence from men eminent in the profession. One class of drugs may be mentioned simply as an example. Except formalin solutions, there is no disinfecting mixture sold which, in proportion to the price, is comparable in power to the simplest disinfectants recognized by the pharmacopeia, and yet the markets of the United States are loaded down with proprietary disinfection solutions, most of them absolute frauds, each of them certified to by leading members of the profession. These certificates have not been paid for, but have been free gifts from the members of the profession to the various firms. The profession is not corrupt; it is disgustingly weak—feeble as the molasses and vinegar drink of our childhood. Many of these certificates have an enormous pecuniary value; they have been given simply because some smooth-tongued commercial traveler has asked for them. The doctor has received no equivalent for that which he has given, but none the less has he in the giving stultified himself, degraded his profession, and assisted in the swindling of the public. Of those who have given certificates for disinfecting solutions, how many have ever made any bacterial experiments upon the solutions in question. Probably not one has ever carried such a trial to a careful comparison of the proprietary solution with that of an ordinary disinfectant, or considered the question of relative price. Moreover, the doctor who gives a certificate based upon a thorough trial has no guarantee or reason for believing that the solution furnished one year after date, with his certificate attached, will be the same as that which he used in his experiment. So far as I can remember, personally, I never gave but one certificate concerning a drug or a commercial article, and, so far as I know, no greater scoundrel ever misused a certificate than did the one to whom I gave this lonely representative of personal weakness. It ought to be a first principle in ethics that no doctor should be allowed to give a certificate, a commendatory letter, or anything else recommendatory, to any proprietor of anything under the sun. It is a great pity that the medical profession has not such a public sentiment as to make the giver of a certificate feel that he risks ostracism by the giving. Esau, the Hairy One, was a pattern of shrewd foresight contrasted with many an American doctor; he did get one comforting

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mess of pottage for his birthright; the American doctor hears only some words of honeyed flattery in the secrecy of his office, but is deaf to the derision in the outer world of those who have been chestnuting with him.

One undoubted cause of the increase in the use of proprietary and patent medicines by the profession is the production of patented drugs which are of such peculiar therapeutic value that, whether he will or no, the doctor must use them. The difficulty of the situation is, however, more apparent than real. All the physician has to do is to make it a governing principle that the only patented or proprietary drugs he will use shall be simple organic principles.

The golden rule of living should be—give no certificates; use no proprietary combinations of medicines. When we have done this, then, with polished weapons, can we make war upon those who fatten on the miseries of mankind.

Having reached this principle for our own government, we are in a position to consider for a few moments the subject of the general governmental control of proprietary medicines—a subject which is made at the present more vital by the fact that the laws of the United States regarding it are now under consideration by the federal authorities for the purpose of reorganization. The importance of the subject can hardly be estimated; hungry is the Anglo-Saxon throat for medicine, never to be stopped is the clamor of overcredulous, suffering humanity.

According to the *Drugman*, whilst thirty years ago the annual yearly revenue in Great Britain from taxes on patent medicines was $210,000, in 1892 it was $100,500,000, and the tide is still rising. I have no American statistics to offer you, but certainly the average Yankee is not in his hunger after pills and draughts much behind his transatlantic cousin. The success of the various proprietary remedies rests in the greater part upon a very curious trait of human nature, namely, that the embalment of a lie in printer's ink makes it to the ordinary Anglo-Saxon mind as genuine and as indestructible as an Egyptian mummy, and this trait of character belongs as much to the American as to the Englishman.

Whether it be possible by law to control in this country the enormous volume of the patent-medicine trade is very uncertain. In France, before a proprietary medicine can be put upon sale, the formula and the process of its production must have been submitted to a committee of the Academy of Medicine, which committee alone can give permission for its sale and has the power of fixing the highest price at which it can be sold. Certainly the American proprietors, in the ardency of their zeal for the salvation of their fellowmen by drugs, would not be willing to be hampered by such bounds as these. It is possible that a law recognizing the registration of medicinal formulas, and perchance even one making it a requisite that the formula of the patented medicine shall be printed upon the package in which the medicine is sold, might be enforced to some extent if once enacted, but at present the enactment of such a law seems even more improbable than its enforcement.

After all, there is no reason why the medical practitioner, as a medical practitioner, should be especially interested in this matter. As already urged, proprietary formula compounds, protected in any way by law, are or ought to be an abomination to the professional mind, but at this time to attack their use by the people would be quixotic. The traffic in lies will never cease. The gullibility of the human nature is unfathomable, and so, if we, as a profession, would only keep our own garments from being defiled, we could well afford to take no heed to the doings of the public or the wolves that prey upon them. When the sheep wish to be devoured, the wolf is scarcely to be blamed. On the other hand, the profession is and must remain vitally interested in all legal questions centering around distinct organic principles.

The question whether patents should ever be taken out by members of the profession has been so much discussed that everyone must at least acknowledge that there are to this, as to other problems, two sides; but at present we are not immediately concerned with this subject,

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since the inventors or discoverers of new principles are chemists rather than practitioners of medicine. The reasons that justify the existence of patent laws at all apply to the work of these men as strongly as they do to the work of mechanics. Viewing the matter as the law-giver must view it, the chemists are certainly entitled to the protection of their labor; but what shall the protection be?

The intent of the patent laws is that the discoverer shall be encouraged by the temporary right to his discovery, but that such right shall eventually lapse, so that the invention shall become the property of the whole people. The application of this principle throws out at once the names of drugs, since the name which usage has given to a remedy will, for the mass of the people, and even for the mass of the profession, adhere permanently to the product. Antipyrin, for example, will be known in commerce as antipyrin to the end of the chapter. Life is too short, and brain-matter too precious, to consume either in saying phenyldimethyl-iso-pyrazolone. I have never heard of an American physician using the name adopted by the British Pharmacopeia, phenazone, and I cannot remember having seen this name printed even in an English medical article. Now, if copyrights could be made to attach to the name antipyrin, the patent for antipyrin would for practical purposes be thereby indefinitely extended.

No one has recognized more clearly than have our pharmaceutical manufacturers the force of considerations such as those just given, and the effort has been both persistent and widespread to obtain permanent proprietorship of a remedy by making its popular name a trade-mark, and in this way to destroy the intent of the patent law by obtaining through the laws governing trade-marks an exclusive right which has no ending.

A trade-mark is, however, the sign of the brand and not of an article. Originally, it was a design; a lion rampant stood for a lion brand of starch, sugar or what not, and the design, which was the sign of the product of the firm's factory or series of factories, was naturally the property of its inventor. Now, it is claimed that a name may be made a trade-mark and registered as such. This claim, however, probably cannot be sustained even under the present law. In the decision rendered by the United States Supreme Court in the case of the Columbia Mill Co. of Minnesota vs. W. W. Alcorn & Co. of Pennsylvania, the presiding judge said:

"That to acquire the right to the exclusive use of a name, device or symbol as a trade-mark, it must appear that it was adopted for the purpose of identifying the origin or ownership of the article to which it is attached, or that such trade-mark must point distinctly, either by itself or by association, to the origin, manufacture or ownership of the article on which it is stamped. It must be designed, as its primary object and purpose, to indicate the owner or producer of the commodity and to distinguish it from like articles manufactured by others." In another case it was affirmed by the justice of the Supreme Court that "The office of the trade-mark is to point out distinctly the origin of ownership of the article to which it is affixed; or, in other words, to give notice as to who was the producer."

These decisions would appear to the lay mind to be sufficiently distinct and authoritative, but the decisions of the Supreme Court can, I suppose, be countermanded, so to speak, by the subsequent decisions of the same tribunal, and certainly the law should be made so clear and positive in its statements that no manufacturer would think of, much less attempt, evasion.

The question as to what the patent law should be in regard to medicinal principles invented or discovered is not easy to answer. Should there be product patents or should there be process patents? In other words, should the substance antipyrin (product) have been patented as a product, or should only the process by which the original discoverer produced antipyrin be capable of being patented? It is evident that the difference between process and product patents is not only clear, but of vital importance to the inventor or discoverer. Supposing that an organic principle, of practical value in medicine, has been discovered and produced by a certain process; if the discov-

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erer patents the drug he secures proprietary rights in its sale for the whole term of years provided for by the patent law. If, however, he can only patent the process of production, he acquires proprietary right only until the time when some other chemist invents a new process, which may be better or worse than the old, but which enables the second chemist to compete with the originator, so to speak, who, therefore, practically loses the value of his patent. This time may be three weeks, it may be three years, it may be the whole term of the patent.

The American Pharmaceutical Association has, I believe, expressed itself as being in favor of granting process patents only. The American Pharmaceutical Association is a most respectable, indeed, a highly honorable body, but it is to the interest of its members that the patent rights of chemical investigators shall be as loosely held as may be, and, therefore, it is possible that the minds of its members are unconsciously biased. I cannot see myself why the man who practically invents a new principle, such as antipyrin, should not have the same inalienable right to the results of his labors as has he who first placed the eye in the front of the sewing needle. It is probable that the law ought to recognize in its protection two classes of new remedies. No vegetable or mineral substance which exists preformed in nature, ready for the use of man, should be capable of being patented. It can in no sense be called an invention; the discovery of its medicinal value is almost always largely the result of chance, rarely of foresight. A process for the extracting from a drug of its active principle might, however, be patented, so that process patents might be allowed for medicines of this class. On the other hand, when by synthetic method a substance which is not found freely existing in nature has been made by a chemist, such substance may well be said to be an invention of the chemist, and to be, therefore, capable of patenting.

In Germany there are no product patents allowed, only process patents; but in Germany it is the habit of the courts to be very liberal in the interpretation of patent rights, throwing the whole burden of proof upon the inventor of the second or new process, and requiring his process to be absolutely diverse from the first; whereas, in the United States the courts narrow as far as possible the rights of the patentee, so that the new or second process may survive judicial decisions, although really it was founded upon the first process which had received the patent. This, at least, is the allegation of the chemical manufacturing houses of the country; exactly how correct it is, only a long-time worshiper at the shrine of patent courts could say.

Finally, colleagues of the medical profession, the time allotted me by your patience has expired, and I must leave the subject of my address, though it be scarcely more than touched upon. To me this seems for us the final sum of the whole matter—so long as there be trout to rise, so long will there be fishermen to make their deadly casts. The credulous, the ignorant, the men and women who want to be deceived, the despairing who grasp at every floating straw, will exist until the coming of the millennium demonstrates that through the succession of ages the suffering of innumerable human units has perfected human nature; but, as members of the medical profession, let us see to it that we in no way aid those who, serving the father of all liars, wax rich and wanton on the miseries of their fellows.

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

V.

THE FOUNDERS FROM THE EASTERN SHORE OF MARYLAND.

JAMES DAVIDSON, M.D.—Since writing of this founder, by the kindness of Dr. Charles F. Davidson of Queenstown, Md., I have been shown a very interesting paper, which tells of the founding of a medical committee or club among the medical students of the University of

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Aberdeen in 1768. The writing of the paper corresponds with the signature of Dr. Davidson:

"At ABERDEEN the fifteenth Day of March, one thousand seven hundred & Sixty eight years, was instituted a Society which by unanimous Consent was named the Medical Committee the Regulations & Articles of which Club are as follows:

"1mo. That the members of said Club, shall meet at the Club-room once every fortnight on Tuesday from the hour of Six to Eight in the Evening, there to converse on any Branch of their Business of Physick proposed by the Members.

"2do. That every member shall pay the sum of nine pence sterling as his Share of Expense each night whether he be absent or present.

"3tio. That no additional Member shall be admitted into said Committee but by Consent & approbation of the whole & further if any one of the Members shall choose such he shall propose it on a preceeding Club night.

"4to. That if any particular Case or Cases shall Occurr to any of the said Club in the Course of his Practice he shall be at liberty to propose the same to the rest of the members & receive their Opinion thereanent.

"5to. That at every meeting before Departure shall be appointed the Subject for the following Night & that every member shall have his Sentiment ready on the same against next Meeting.

"6to. That any one of the Members who shall Absent himself from said Committee without a proper Excuse shall pay the Sum of Eighteen pence as a Penalty for his Absence.

"7mo. That any Stranger who is desirous to attend the said Club & is agreeable to the whole Members shall be entertain'd the first Night of his Admission which Additional Expenses to be contributed by the whole Equally.

"8vo. That every Member who shall committ any thing judged ungentcel or Unmannerly by the rest of [the members] during the time of the said Meeting he shall be fin'd in the sum of 6 pence St[r] for the same misbehaviour.

"9no. That a Book shall be purchased for inserting such proceedings of said Club as shall be judged proper the Price of which to be contribute[d] by the whole & the same to be keept by the Clerk for the time.

"10mo. That a Præses shall be chose every Night of meeting to see the above regulations enforced, who shall have a casting Vote in any Point in dispute, also that a Clerk shall be appointed for keeping the above mentioned Book to continue in said Office for the Space of three Meetings.

"11mo. That any one of the members who shall in any manner deviate from or refuse to conform to the above Mentioned Rules, shall be liable to any fine judged proper by the Præses for the Night.

"12. That all the fines shall be lodged in the hands of the Clerk for the time, & that the said fines be applied to purchasing of Books or any thing Else thought Necessary or Useful by the Members of the Committee.

"CHARLES GORDON,
"NORMAN MCLEOD,
[Seal] "WILLIAM MOSMAN,
"JAMES DAVIDSON,
"GEO. DAVIDSON."

The seal is simply a wax impression on the paper. I can make out on it the word "floreat" and beneath it one or more figures. The paper is endorsed on the back. "Regulations and Articles of the Medical Committee instituted the 15th March 1768."*

The following letter (also from Dr. C. F. Davidson) is of interest, not only because it deals with the delightful affairs of love, but because it tells of the union of the families of two of the founders. It is addressed by Dr. Philip Thomas, an eminent physician of Frederick, second president of the Faculty (1801-1815), to Dr. James Davidson of the Eastern Shore, and the occasion of it will appear in the reading. The marriage, which took place in May, 1804, was a peculiarly happy one. The first child of this union was Dr. James Davidson, an alumnus of the University of Maryand of the class

*I have written to Dr. Davidson to ascertain if the Minute Book is still in existence. Its discovery is scarcely to be hoped for.

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of 1827 and an eminent practitioner of Queenstown.*

"Rockland Farm, Feb. 8th, 1804.

"Dear Sir:

"Your favour of the 16th Jan^{y} met with considerable delay in getting to hand, as I only received it a few days ago. Mrs. Thomas, and myself, are much gratified at hearing that you have received, and entertain so favourable an opinion of our Daughter, as you politely tell us, and trust, that to increase your happiness, will hereafter constitute a considerable portion of her own. It is true, that I mark'd your son's attachment to her, and on his first mentioning his intention to me, assured him, that your full and entire approbation of a Union, was indispensible, and on receiving an assurance from Mrs. Davidson, that this was the case, I with pleasure yielded mine, to a marriage, (which from the evidence I have of your son's conduct & character) calculated I believe to add to 'our enjoyments & F(e)licity.' As to his establishment in business, or expectation of means to support a family I am (in a great measure) a stranger to them. My situation in life, will not immediately permit me to make any considerable advance for their accommodation, tho' I am free to declare that to a dear & darling child, I shall make every exertion to meet their expectation.

"After making my situation known to your Son, I have confided fully in his judgement, & honour, believing that he would not take the object of his affections, from under my protection, to a situation, as to pecuniary consideration, that should cause me to regret the exchange. My Daughter thanks you Sir, for the affectionate manner in which you have mentioned her, and Unites with Mrs. Thomas, and myself, in most respectful Compliments to you, and believe me D^{r} Sir

"Your Very Obed^{t} Serv^{t}

"P. THOMAS."

Extract from a letter dated September 19, 1827, from Levin Gale, M. C., "to the Hon^{ble} James Barbour, Secretary at War, Washington," recommending Dr. James Davidson for the post of surgeon in the army: "The grandson of one of the eminent Physicians of our State and of a family equally respectable with any in Maryland. His medical education has been of the best the State can afford, and his moral excellence and amiable deportment will insure the respect and attachment of all with whom he may become acquainted."

Certificate from Maxwell McDowell, M.D., professor of the Institutes of Medcine, University of Maryland: "Doctor James Davidson obtained the degree of M.D. in the Univ. of Md. at a public commencement which was held on the second day of April, one thousand eight hundred and twenty-seven. Doctor D. during almost the whole time that he was a pupil in the Univ. of Md. was a resident student in the Baltimore Infirmary, and for a considerable time acted as Senior Student of that Institution, a situation that afforded him an opportunity of acquiring a considerable stock of valuable practical professional knowledge. The Dr. met the duties of his situation in such a manner as to obtain the esteem and confidence of the Physician and Surgeon who attended the Institution, as well as that of the patients," etc.

Of Dr. James Davidson, the founder, I may add the following facts: "Surgeon 5th Regiment Pennsylvania Infantry, and served to the restoration of peace, 1783. *Pennsylvania Colonial Records*, XIII, XIV. *Saffell's Records of Revolutionary War*. Received an equivalent for his depreciated certificates. *Same.*" MS. in Toner Library.

I am ignorant of any facts relating to LEVIN IRVING* of Somerset county.

STEPHEN THEODORE JOHNSON of Easton, Talbot county, the son of Henry Johnson, Gent., who died in 1780, had the degree of M.B., probably from the Philadelphia College. He died in Easton July 16, 1813. The only note I have upon Dr. Johnson is with reference to a notice in the *Maryland Herald and Eastern Shore Intelligencer* of May, 1803. This notice is signed by "the Physicians of Easton," Ennalls Martin, Robert Moore, S. T. Johnson and Tristram Thomas. They

*The portrait of this gentleman was exhibited at the Centennial, a healthy, robust, florid and amiable looking gentleman.

*This is the correct spelling; not Irwin.

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earnestly recommend the general practice of vaccination, and in their eagerness go so far as to offer to inoculate the poor without fee or reward. They are now provided with genuine cowpox matter. "We shall think ourselves amply compensated," they say, "by having their (*i. e.*, the poor's) assistance in extirpating a disease which has heretofore fell so peculiarly heavy on that numerous class of fellow-men." Accompanying this card is a paper emanating from the Philadelphia Dispensary entitled "A Comparative View of Natural Smallpox, Inoculated Smallpox and Vaccination."

MATHIAS JONES, M.B.—Dr. Jones was born in Somerset county, Maryland, 1768; graduated M.B.; practiced in Princess Anne, Md.; married August 6, 1797, Milcah Gale Wilson Chaillé, by whom he had seven children; one of these, William L., was a physician; died, Princess Anne, May 8, 1826. He was very much beloved and a very successful practitioner.

The name of WILLIAM B. KEENE of Caroline county appears in the lists of 1807, 1848 and 1853. In one of these his address is given as "Kentucky;" so it is probable he removed to that State and has been lost sight of.

JOHN KING hailed from Cecil county.

ENNALLS MARTIN, the son of Thomas Martin, 4th, and Mary Ennalls, his wife, was born at "Hampden," his ancestral home, in Talbot county, Maryland, August 23, 1758. At a very early age he was sent to Newark Academy, Delaware, where he distinguished himself as a Latin and Greek scholar. His two classmates during this period were General Stratton of Pennsylvania, who settled on the Juniata, and Robert Smith of Baltimore, who became Secretary of the Navy during Jefferson's administration. After finishing the usual course at the Newark school his father took him to Philadelphia and placed him, at the age of nineteen, in the care of Dr. William Shippen, the celebrated anatomist, then surgeon-general of the Continental army. By the latter Martin was assigned to duty in the apothecary department, which was partly under his direction. As the army at that time was greatly in need of surgeons, particularly for the hospitals, and as young Martin proved himself an apt scholar, he received a commission from Congress as hospital surgeon's mate, with the understanding that he was to attend the medical school in Philadelphia, conducted by Professors Shippen, Rush and Kuhn. He was stationed at once at Bethlehem Hospital, which was large and commodious and as well adapted for the purpose as any building then available. Here he remained for five years, attending each winter during that time the course in the medical school. Meanwhile he was appointed demonstrator of anatomy by Shippen. He applied himself with great zeal to his anatomical work and soon became a skillful dissector, and sometimes even took Shippen's place when the latter was called away by other duties. He used to say, however, that he had the greatest difficulty in obtaining subjects. Stationed at Bethlehem with Dr. Martin, also as surgeon's mate, was Dr. William Currie, who wrote a great deal upon yellow fever and other diseases prevailing in Philadelphia and vicinity. The two thus contracted a firm friendship which lasted as long as they lived. During his five years' service Dr. Martin never left his station but twice—once to visit his father, who was an extensive farmer, tobacco planter and tanner, and again to go on to Saratoga to bring on the sick and wounded after Burgoyne's defeat. Dr. Martin used often to say that his stay at Bethlehem Hospital was one of the most agreeable episodes of his life. He also added that he fared well while there, having good facilities for procuring game. Having obtained the degree of bachelor of medicine from his alma mater, in the year 1782 he returned to his native State to settle in practice at Talbot Court House, afterwards called Easton. He was then thrown among a large circle of relations and acquaintances, and soon became the leading physician of the place, although there were two other physicians who had been engaged in practice there for years. His field was not confined to Talbot county, but soon extended to the surrounding counties—Queen Anne, Caroline and Dorchester—and he was

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often called to these in consultation. His relations with the physicians in all this section were always pleasant and agreeable. *(To be continued.)*

Society Reports.

MARYLAND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

MEETING HELD THURSDAY, MAY 25, 1899.

THE meeting was called to order by the president, Dr. Aaron Friedenwald.

Dr. Harlan: "Exhibition of Patients."

Case 1. *Glaucoma Simplex.*—Dr. Harlan stated that this patient was exhibited before the society one year ago, and the members might remember the ophthalmoscopical picture. At that time there was a very deep cupping of the disk. The vision central was about 18/20, with a very limited field. Within a few months Dr. Harlan noticed slight increase of tension, and decided to do an iridectomy. The operation was successfully performed, the patient has had no further tension of the eyeball and vision is about normal.

Case 2. *Traumatic Ectropion.*—Dr. Harlan exhibited photographs to show the ectropic condition, which had followed a burn and which caused the lid to be tremendously everted. A modified Hotz operation for ectropion was performed, with a very gratifying result.

Dr. Randolph was particularly interested in the glaucoma case, because he had operated upon sixteen cases of this character, and in only one was he able to stay the progress of the disease. One of the peculiarities of this disease is the preservation of central vision for such a long time, even though the field is very markedly contracted, and this makes it rather difficult to convince the patient of the necessity of operating. Dr. Randolph said that he generally told these patients that without an operation they would certainly go blind, and with an operation they may still go blind. He consequently advised taking the chances of an operation in practically all cases.

Dr. Hiram Woods thought that, in view of Dr. Randolph's results in the sixteen cases referred to, it was somewhat strange that he should take the position that he did in favor of operating in every case. He was inclined to think that the tension of the eyeball should be a guide to the operation, and stated that he believed, with Fuchs, that where you have an increase of tension you are apt to get good results from operating, but where there is no rise of tension the results are not apt to be so good.

Dr. Friedenwald thought that the immediate results in Dr. Harlan's cases were certainly very satisfactory, but that he had observed some cases which remained stationary for a number of years and then continued their progressive course, and the eye ultimately became useless.

Dr. Woods: "Exhibition of Patients."

Case 1. *Operation for Congenital Ptosis.* This boy had a congenital ptosis so marked that scarcely any palpebral fissure was seen unless the patient threw his head far back. Dr. Woods performed the operation suggested by Panas, and the result was perfect.

Case 2. This patient fell a distance of about twenty-two feet on his head, and was brought into the hospital unconscious. He had at the time great ecchymosis of the orbital tissue, the lids being puffed out widely and very tense. He slowly got better, with the exception of an atrophy of the optic nerve on the right side and paralysis of the right external rectus. The picking out of those two nerves by the orbital hemorrhage or the fracture was very striking.

Case 3. *Symblepharon.*—This girl entered the hospital two weeks ago with a symblepharon that involved an attachment of the outer part of the upper lid to the upper inner portion of the cornea. The adhesion followed a burn six years ago. Dr. Woods freed these adhesions and succeeded in keeping the lid free.

Dr. Carroll: "Fracture of the Osseous Canal—Exhibition of Patient."

The patient was thrown from a wagon on May 3 and struck the pavement on his chin. Immediately there followed some hemorrhage from the ear, and for three or four days following the accident there was pain in the ear when eating and occasionally some bleeding. There is a sensation of fullness in the ear, but no giddiness. In the left external meatus on the anterior

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inferior wall was a reddish swelling, and upon the tip of this two whitish points, one of which projected directly upwards, the other upwards and backwards. By touching the probe it was determined that these whitish points are bone, and whenever the man moves his lower jaw these bony particles can be seen to move in the canal.

Dr. Reik: "Some Recent Mastoid Operations—Exhibition of Patients."

Case 1 was one of Bezold mastoiditis. The patient contracted a severe cold during the blizzard in February, and an acute otitis media soon followed. Treatment was neglected, and when he appeared at the Baltimore Eye and Ear Hospital on April 5 there was a swelling over the tip of the mastoid as large as a duck egg. It was painful to touch and slightly fluctuating. He at first declined to enter the hospital, but changed his mind by April 7, and when he came in the swelling had increased considerably in size and there was every evidence that the abscess was proceeding downward along the sheath of the sterno-cleido-mastoid. The usual mastoid operation was performed; the external surface of the process found to be of normal appearance, but the tip and under surface were eroded. Most of the mastoid process was removed, and it was found that an abscess had made its way from the antrum downwards through a large air-cell and then through the inner surface and the tip of the mastoid, and so on down the neck. The abscess cavity was thoroughly cleaned out, all necrosed bone removed and the wound allowed to heal by granulation, the patient being discharged well on May 5. Examination of the pus showed it to have been a pure pneumococcus infection.

Case 2 was one of acute mastoiditis, in which the abscess was limited to the antrum and neighboring cells. Operation was performed on April 13, and after thorough cleansing the wound was allowed to fill with blood clot, as suggested by Blake, and the external skin wound closed. Healing took place at once, and the patient was able to leave the hospital in seven days, the external wound being firmly united. She has remained perfectly well.

Medical Progress.

RIGHT PLEURAL EFFUSION IN HEART DISEASE.—Gianni (British Medical Journal) describes an insidious, painless, non-febrile pleural effusion occurring on the right side of cardiopathic patients, with considerable enlargement of the heart. He records nine cases. The fluid had a specific gravity below 1015, slight amount of albumen, and fibrin not constantly present. The absence of pain, the apyrexia, the low specific gravity of the fluid are in favor of this class of effusion being a transudation rather than an inflammatory exudation. The unilateral character is due to the cause being unilateral; for example, a pulmonary infant, hepatic complications, or pressure on the azygos veins hindering the return of the blood. The azygos vein, as it arches forward over the root of the right lung, is liable to be pulled down upon the bronchus when the heart is enlarged, and so have its caliber reduced by pressure against the root of the lung. This anatomical fact serves to explain why these unilateral hydrothoracic effusions should be more frequently observed on the right side in the subject of enlarged heart.

* * *

MEAT AND CANCER.—Verneuil (Medical Record) some years ago said that he and other hospital surgeons in Paris had been struck by the much greater number of cases of cancer of the tongue and other visible parts that came before them than had been the case thirty or forty years before. He attributed the fact to the increasingly carnivorous habits of the population. The vegetarians naturally hailed this suggestion with enthusiasm till it was pointed out that cancer is just as prevalent among the mild Hindus, to whom the flesh-pot is an abomination, as among the "cow-eaters," whom they despise. Among ourselves there seems to be a widespread popular belief that the pleasant and harmless, if not exactly necessary, tomato has something to do with the production of cancer. Whenever the question of cancer is touched upon in the lay press this tomato theory is sure to be brought forward with a gravity worthy of a better cause.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JULY 15, 1899.

The State Board of Examiners.

THE difficulties of rooting out illegal practitioners of medicine are very great, and in a country where all men are free and equal, and where no one is guilty until proved so, it is hard to convict for such a petty misdemeanor as practicing medicine without a legal permit.

The State Board of Medical Examiners were at first just what their name indicated—a board to examine, and there their powers ended, but that gave the irregulars plenty of chance to practice without an examination, for, if the physicians did not apply to the board for a license to practice, or ask to be examined, the Board did not go after them. Physicians ordinarily who complained of persons practicing medicine without a right would appeal to the Board for help, but they themselves would not even give evidence or testify, and, as a rule, asked that their names be not mentioned in any action.

The Board then took on itself broader powers, and sought, by the aid of detectives, to obtain evidence that might convict men not licensed. In their legal fights the Board has not always been successful, because it could not get the support of the proper State legal authorities to help it, so that it obtained counsel of its own, and of late has been showing its power. In some instances clemency was asked for because the law was not very old, and in many instances the Board was inclined to be lenient to penitent sinners.

The latest punishment inflicted was on some physicians of one of the counties. The Board endeavored to compel a physician to obtain a license, and in their investigations they unearthed the fact that several physicians had failed to qualify, one of whom, indeed, had been instrumental in having the State medical law passed, but who claimed to have forgotten to qualify himself. While those caught may consider even the small fine rather harsh, still it is they who should be thankful that the Board is so active in prosecuting their work, and it will serve as a warning to others.

It must be confessed that boards in many States have found difficulty in dealing with out and out quacks, for they usually have the public sympathy and are well supplied with money, and can obtain the sharpest kind of legal help.

The State Board deserves a great deal of credit, and even the short time the Board has been in existence proves how such legislation and such a Board can elevate the practice of medicine and can protect a people too ready to be deceived when it comes to a matter of health.

* * *

Neat Offices.

EVERY now and then some one breaks out in a medical journal with rules how to be successful in medicine. It reminds one sometimes of the crusty old bachelor who makes his living answering the popular questions in the columns devoted to mothers and the care of children.

Does the writer always practice what he preaches? He says that an inviting-looking office will bring practice and help the physician. This is so, but it does not take long for an office to look shabby. This particular physician has an office in dark green and oak. That would be rather dark for some persons, for, as a rule, an office should, above all things, have a good light. He advises against the comfortable easy chair, for persons often stay too long.

A very good plan is not to ask a person to be seated until he is found out to be desirable. One rule cannot well apply to everyone.

It is just as well not to make too great a display of instruments, but books certainly make an impression on the average patient, and the physician that keeps up with the times and literature is usually thought of very highly.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 8, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	6
Phthisis Pulmonalis	..	18
Measles	20	..
Whooping Cough	9	..
Pseudo-Membranous Croup and Diphtheria.	22	5
Mumps	2	..
Scarlet Fever	4	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	3	5
La Grippe	..	..

Hagerstown has a sanitary board.

The New Jersey licenses are recognized by the Delaware board.

There is said to be a woman professor of comparative anatomy at Pavia, Italy.

If the press reports be true Surgeon-General Sternberg has no faith in the Sanarelli serum.

Dr. Austin Flint is president of the Medical Association of the Greater City of New York.

Dr. N. Senn will deliver the next Lane lectures at Cooper Medical College, San Francisco.

The physicians of Paris are trying to have made an automobile which will be suitable for medical men.

The Canadian Medical Association will hold its annual meeting in Toronto at the end of August and the first of September.

The intense interest taken in the Dreyfus case in Lyons, France, has caused serious disturbances among the physicians there.

At the Medical College of Virginia at Richmond Dr. H. H. Levy has been transferred from the chair of physicology to that of medicine to take the place lately vacated by Dr. John N. Upshur.

A Chicago man has invented a guard which can be carried in the pocket and slipped on any drinking glass, thus affording protection from infection when traveling or whenever a public drinking utensil is used.

Bertillon, whose name is so well known in connection with his method of measuring and recording criminals, has been put out of his position in Paris on account of his being concerned in the Dreyfus case.

Yellow fever is causing a great deal of trouble at Santiago. Not Dr. Wood nor anyone else will succeed in stamping it out for a long time to come. There are many more cases than the papers report.

The recently-formed School of Tropical Diseases in England will send an expedition to Sierra Leone to study the causes of malaria and other indigenous diseases. Surgeon-Major Ross will be at the head of this expedition.

Since the return of Surgeon J. C. Boyd from the International Tuberculosis Congress the government, according to the *Journal*, is considering the advisability of erecting a large sanitarium for consumptives in the southwest part of this country.

Tesla, who is full of theories, many of which amount to nothing, has advanced a very pleasing one that the more one sleeps the longer he lives, and that with a large amount of sleep there is no reason why a person should not live to be 200 years old. He explains in this way the great length of life of the negroes.

After fifteen years of hard work the Rush Monument Committee has collected but $5000, or about one-half of what is needed to erect that monument. By the time the whole amount has been subscribed there will be other celebrities deserving of monuments. It would be better to found a chair or a laboratory and not erect a useless monument.

It was a smart procedure, says the *Medical Examiner*, in the old lady to obtain and file a certificate of an expert as to her mental soundness before making her will. She evidently recognized the alleged fact that the expert is not as valuable post-mortem as he is ante-mortem. That is what some lawyers think also, and at a recent dinner Justice Rumsey is reported to have told of the growing distrust of expert testimony, and said that doctors testifying as experts ought to be governed by a higher moral law than a desire to please the lawyers who retain them. Doctors should not prepare their testimony in advance, but should have the facts presented to them for the first time when they take the witness stand. The above old lady evidently held similar opinions.

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Washington Notes.

The melanolestes picipes, commonly denominated the "kissing bug," is paying his respects to the residents of Washington.

At the Tuesday meeting of the medical staff of the Eastern Dispensary and Casualty Hospital Dr. Lewis K. Beatty was elected president; Dr. Llwellyn Eliot, vice-president, and Dr. N. P. Barnes, secretary. The institution received $1000 from the will of the late Anna B. Wood.

The following medical officers have been chosen for the volunteer service in the Philippines: Surgeons, with the rank of major—Ogden Rafferty, captain and assistant surgeon, U. S. A., late brigade surgeon, volunteers; Charles F. Mason, captain and assistant surgeon, U. S. A., late brigade surgeon, volunteers; John R. McDill, late brigade surgeon, volunteers, now acting assistant surgeon, U. S. A.; Frank C. Armstrong, late surgeon Twenty-first Kansas Volunteers; Thomas W. Chalmers, late surgeon Twelfth New York Volunteers; Charles L. G. Anderson, late assistant surgeon, U. S. A., now acting assistant surgeon, U. S. A.; B. Albert Lieberman, late surgeon Sixth Missouri Volunteers; Joseph N. Henry, late surgeon Fourth United States Volunteer Infantry. Assistant surgeons, with the rank of captain—John R. Hereford, late surgeon First Missouri Volunteers; James C. Minor, late surgeon First Arkansas Volunteers; Frank W. Foxworthy, late assistant surgeon One hundred and sixtieth Indiana Volunteers; Abram L. Haines, late surgeon Two hundred and third New York Volunteers; Jas. J. Erwin, late assistant surgeon Tenth Ohio Volunteers; W. E. Parker, late acting assistant surgeon, U. S. A.; James E. Shellenberger, late surgeon Third Ohio Volunteers. Assistant surgeons, with rank of first lieutenant—William H. Cook, acting assistant surgeon, U. S. A.; Lomax S. Anderson, late assistant surgeon Fifth United States Volunteer Infantry; Leonard K. Graves, late assistant surgeon Two hundred and first New York Volunteers; Ralph S. Porter, late assistant surgeon Second Illinois Volunteers; John A. Metzger, acting assistant surgeon, U. S. A.; Patrick J. McKenna, late assistant surgeon Second United States Volunteer Engineers; Albert H. Eber, late assistant surgeon Thirty-fifth Michigan Volunteers; John E. Boyd, late captain Second South Carolina Volunteers.

Book Reviews.

A Text-Book of Anatomy. By American Authors. Edited by Frederic H. Gerrish, M.D., Professor of Anatomy in the Medical School of Maine at Bowdoin College. In one magnificent imperial octavo volume of 915 pages, with 950 engravings in black and colors. Cloth, $6.50 net; flexible waterproof binding for the dissecting table, $7 net; full leather, $7.50 net. Philadelphia and New York: Lea Bros. & Co.

American text-books of surgery, obstetrics, physiology, etc., have been issued in the past few years, and now "A Text-Book of Anatomy" by American authors is presented to the profession. With such splendid works on anatomy as Gray & Morris there is but little room left for another text-book of a similar character, yet the Messrs. Lea Bros. & Co. have presented a very creditable book. From the prospectus of the publishers we quote the following passages:

"Its text is written by professors in leading colleges, is authoritative, uniform, simple and includes all that medical students and practitioners can need, excluding the vastly larger amount of anatomical lore for which there is no known medical application. The illustrations far outnumber and exceed in size and in profusion of colors those in any previous work, and they can well claim to be the most successful series of anatomical pictures in the world. The names of the parts are engraved directly upon them, whereby the nomenclature, position, extent and relations of the various structures are grasped at a glance and the difficulties inseparable from reference lines and letters avoided. Students especially will be interested in the handsome new flexible waterproof binding, which enables them to lay the book against the cadaver and use it as a dissecting guide, for which it is also adapted by a novel and ingenious arrangement in the text. It can be sponged clean indefinitely without injury. The publishers have endeavored to produce as perfect a book as possible, regardless of its cost to them."

As stated above, the book is an excellent one, but we do not think it just the thing for a text-book by American authors to be filled entirely with reproductions of illustrations from foreign authors. With this exception we approve the book very cordially.

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Original Articles.

EUROPEAN MEDICINE ABOUT 1799.

By A. Jacobi, M.D., LL.D.,
New York.

READ AT THE CENTENNIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 25-28, 1899.

In the first part of the eighteenth century general culture, the natural sciences and medicine underwent gradual but great changes; medicine, however, not always in proportion, for in England Locke's skepticism and Shaftesbury's and Bolingbroke's philosophies did not favor its development to the same degree as did Newton's mechanical foundation of physics, which trained the minds to look for the relations of cause and effect. The brilliant Jesuitism which controlled the mental condition of Italy benefited the upper classes only. That is why in that country natural sciences and medicine had to be their own pathfinders. Holland was tolerant, but indifferent. The culture of France, then greatly under the influence of Locke, was an example and model to all Europe, but science and refinement belonged exclusively to the aristocratic circles. It was only the encyclopedia, the first volume of which appeared in 1751, that, while it afforded the intellectual basis of one of the most beneficent volcanic eruptions in popular evolution, the French Revolution, fostered medicine as it did all sciences. Germany, in the beginning of the eighteenth century, had not even a scientific language of its own. Latin was the organ of erudition and of teaching, and exhibited all the pedantry that could be squeezed into a dead language. One of German's great men, Leibnitz, wrote, when not in Latin, in French; only one, Wolf, either in Latin or in German.

The signature of those times was the incomplete knowledge of actual facts. Imperfect reasoning was its unavoidable result. While in our days psychology is becoming a part of physiology and physics, thinking at that period was metaphysical throughout.

Cartesius recognized one thing only that was actual—the power of thinking. "*Cogito ergo sum.*" Thinking is to him the source of every knowledge. Leibnitz elaborated this dogma contrary to the sense of Democritus. This ancient philosopher constructed the world on the foundation of matter; Leibnitz on that of ideal, indivisible atoms, which were its power-centers. Both Cartesius and Leibnitz, however, had in their nebulous tendencies a reconciling element in this, that they insisted upon mathematics and physics as the basis of study. Kant, though he urged the importance of experience—*Erfahrung*—concluded that whatever entered into our senses did not correspond with the actual facts, but furnished phenomena—*Erscheinungen*—only. Thus he and his followers, for instance Fichte, relied on intellect—*Vernunft*—as the foundation of science. The latter philosopher arrived at the final result that the external world was only a production of the intellect. Such deductions and imaginations were not without their unfavorable influence on medicine. One of the greatest physiologists of this century, Johannes Müller, even he taught that what we perceive or know is not realities, but only the impressions on the retina or other nerves. Thus it could happen that Schelling, imbued with the philosophical doctrines of two centuries and under the in-

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fluence of the teachings of John Brown and of the systematic perversion of Haller's "sensibility" and "irritability," demanded that science should be based on and constructed out of the working of the intellect only. Facts were replaced by wanton hypotheses; pathological processes were explained by the not-understood action of the nervous system. What little was known of galvanism and magnetism was utilized in the interest of verbose assertions. "Polarity" between light and gravity, between head and the lower parts of the body, chest and abdomen, arteries and veins, nutrition and secretion, left and right half of the body, were high-sounding words used to cover ignorance and lack of system. It was this food that nourished German medicine in the first forty years of this century, with its crudities, absurdities and pomposities, with words instead of facts, with wild theories and unintelligible phrases, with wanton assertions in place of observations. The diagnosis of those times were asthenia and hypersthenia; exhaustion and perversion of vitality; the gastric, bilious, rheumatic, catarrhal or nervous state; rheumatico-catarrhal subgastric fever; gastrico-bilious subnervous fever; gastrico-nervous inflammatory fever. Therapeutics was under the influence of Brownianism and mostly exciting. Haeser relates: In 1798 Marcus, in the hospital of Bamberg, had 480 patients, of whom forty-six had sthenic, 367 asthenic and sixty-seven local disorders. The average medication of every patient was as follows: One drachm of opium, 195 grains of camphor, one ounce of liquor anodynus, 132 grains of serpentaria, 528 grains of cinchona bark, more than one pound of rectified spirits and quantities of musk, naphtha vitrioli, arnica, valeriana, angelica, cinnamon, tincture martis tonica and elixir roborans Whyttii.

The same lack of intellectual preparation and solidity caused the many theories invented for the purpose of explaining the phenomena of life.

Glisson was the first to look for a common vitalistic influence as an explanation of organic forces; Hoffman sought for it in the nervous system, and called it ether; Stahl in his hypothetical "anima," which was the independent and only principle of life; the followers of Haller in irritability and sensibility, and Cullen and Brown and Rasori in the excited condition mainly of the nervous system. In France it was Sauvages, Bordeu, Barthez and, finally, Pinel who sustained the principle of vitalism, and it was only under the influence of Morgagni, the founder of pathological anatomy as related to the morbid processes in the body, and under that of the slow development of histology, that the three latter began to reason from pathological points of view. It was Barthez who urged that a single vital force was not sufficient to explain all the phenomena of life in the different organs, and attempted a subdivision of the vital force into a plurality of forces, and Bordeu, who observed the structural difference in the composition of organs, thus paving the way for Bichat, one of the great pathfinders in medicine, at the dawn of the new century.

When Haller studied the functional differences in the organs, he found in the muscle, when excited, its capability of contracting, and called it irritability, a term invented by Glisson, with whom it means the reaction exhibited by the body under the influence of excitation.

This simple and great discovery was too much for the unprepared minds, who could not understand the imminent connection of force and matter. That is why irritability was supposed to be a thing of its own, an external power which moved the muscle. Nor was this all. The definition of irritability was extended to the rest of the organism; wherever there was action, or the energy of resistance, there was the alleged independent irritability behind it (not in it). As its contrast they established sensibility, that is, the passive exhibition of pain and unrest. These two terms of irritability and sensibility play an important part in the numerous writings which appeared as a mixture of Haller's irritability, Hoffman's nerve fluid and Cullen's neuro-pathology, and treated only of the solid parts of the body. Still, in the latter, it was not its structure and its functions that were considered and studied, but only the two supposed fundamental forces outside them, viz., irrita-

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bility and sensibility. In this way inflammation and fever were diseases, not of the organism, but of irritability; typhoid fever was an exaltation of sensibility; septic fever the absence of irritability. With minds so obscured by words without contents, Hahnemann found it easy to introduce syphilis, psora and the merely hypothetical sycosis as the main sources of all diseases. Indeed, this postulate may have been welcomed by many as an escape from the presumed vital forces (which was looked upon sometimes as mere nerve fluid, other times as something superior and external to it, and which was thought to present both irritability and sensibility as the result of a dual "polarity").

It was then that Mephistopheles said in "Faust:"

"Just where fails the comprehension
A word steps promptly in as deputy.
With words 'tis excellent disputing;
Systems to words 't is easy suiting.
On words 't is excellent believing
No word can ever lose a jot from thieving."*

The quintessence of the immense literature of that verbose time may be stated as follows: The structure of the body cannot explain its functions. The soul cannot explain them. That is why there must be a third, the vital force, which resides in the brain and the nerves. Alone Blumenbach ("Institutiones Physiologicae," 1786) refused to limit the vital force to the nervous system. Every organ, according to him, with the exception of the blood, has its own life. Alongside irritability and sensibility, he established a plastic, or formative, or reproductive power (*nisus formativus*), and succeeded in reintroducing the neglected topics of nutrition and metabolism into the horizon of medical thought.

But not even he could stem the current of mostly German obtuse literature, which had no room for and no thought of exact observations. It took half a century to re-establish common sense, intelligible terminology and straight thinking into German medicine under the slow influence of French creative enthusiasm, first kindled by Broussais, and of British cool conservatism.

The infected mental atmosphere produced two peculiar systems, the modifications of which claim our attention this very day. They are Mesmerism and Hahnemannism. Mesmer was not always a fraud. His inaugural thesis of 1766 (*"de influxu planetarum in corpus humanum"*) betrays a mind clouded by mysticism. In later times he treated diseases not only by the direct influence of animal magnetism, but also at a distance. There is a magnetic fluid in every organism; its existence is the link between different bodies, and thus both physical touch and spiritual influence cause relief from pain and convulsions and produce somnambulism and clairvoyance. In France it was only Paris that ran mad in spite of the adverse report of the Academy; in Germany mesmerism was at once taken up by the thousands of medical men who were infected with the philosophical theories then afloat. Then there was what was called "spiritual concubinage" and "spiritual generation," there was "polarity" between the magnetizer and the magnetized, between the "solar" brain and the "telluric" ganglionic life. Mesmerism always found its main apostles in Germany, like spiritism, hypnotism, clairvoyance, Christian faith amongst the mentally inferior classes of modern America. My old ingenious teacher, Friedrich Nasse, in Bonn, while being amongst the foremost to introduce into Germany the exact methods of Laennec, and trying his and my hands on experimentation, still proposed in 1850 that I should go to Holland to treat with animal magnetism a young lady in whom he was interested.

Hahnemann began his career with a paper published in 1796. Within a few years he completed his teachings, the principal of which were as follows:

The only vocation of the physician is to heal; theoretical knowledge is of no use. In a case of sickness he should only know what is curable and the remedies. Of the disease he cannot know anything except the symptoms. There are internal changes, but it is impossible to learn what they are; symptoms alone are accessible; with their removal by remedies the disease is removed. Their effects can be studied in the healthy only. They act on the sick by causing a disease similar to that which is to be combatted, and which

*Bayard Taylor's Translation of Faust.

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dissolves itself into this similar affection. The full doses required to cause symptoms in the well are too large to be employed as remedies for the sick. The healing power of a drug grows in an inverse proportion to its substance. He says literally: "Only potencies are homeopathic medicines." "I recognize nobody as my follower but him who gives medicine in so small doses as to preclude the perception of anything medicinal in them by means either of the senses or of chemistry." "The pellets may be held near the young infant when asleep." "Gliding the hand over the patient will cure him, provided the manipulation be done with firm intention to render as much good with it as possible, for its power is in the benevolent will of the manipulator." Such is the homeopathy of Hahnemann, which is no longer recognized in what they call homeopathy today. The present apparent heresy is legitimate enough, like most gradual changes. Unsectarian science itself has changed its principles and doctrines until it arrived at the basis of strict observations and well-planned experimentation.

Hahnemann's learning and intelligence made him familiar with the onesidedness or incompetency of all the theories and systems which had controlled the medical market of the century. His new system announced with ferocity, and appearing unintelligible and crude to a sound mind, could not but impress the multitude which did not differentiate between one bad logic and the other. His contempt for actual observations and experience pleased the ignorant, his violent criticisms of everything preceding him appealed to the unschooled Protestant mind; indeed, he compared his cause with the fight of Protestantism against Catholicism; his very violence tallied with the revolutionary spirit of the time; the mysticism of the medicinal power of a substance when reduced to an unthinkable minimum was a stunning exemplification of the superiority of the spirit over the body; the ridicule and persecution to which his teaching and his vehemence exposed him were claimed as martyrdom.*

*Tagel, "Geschichte der Medicin."

Thus it happened that he gained not only a foothold, but founded what is called a school exactly 100 years ago, and secured an immortality for his own name and the title he invented for his doctrines, for that title, however, has outlived the practice of his teaching, which began to change and degenerate, and was objected to by those who in the course of generations learned to cling to nothing that was his, except the name.

Theories and systems are not by themselves necessarily harmful as long as they act merely as mental gymnastics. As soon, however, as they are applied to the explanation of actual facts, and claimed as the rules for therapeutical interference, they cripple observation and are misleading. A mere philosophical theory is like a dogma, not by itself injurious unless applied to realities. Natural facts, medical truths, economic laws are the same, whether applied to the adherents of Moses, Confucius, Christ or Mohammed. Even positive religions do not necessarily interfere with science, and science does not necessarily interfere with religions. How little there is to fear from dogma or theory, when the mind is otherwise clear and guided by actual observation, is well instanced by Sydenham, one of the greatest physicians of all times. It was he who laid particular stress on diet, restrained the gruesome medieval medication, limited depletion, and introduced cooling methods of treatment. And here follows his reasoning. For the effect of his treatment he looked in the "smothering of animal spirits, which are the primary instruments of concoction."

Another instructive specimen of the amplication of vitalism with fairly sound judgment is exhibited by Cullen. According to him, who lived nearly to the end of the eighteenth century, the nervous system is the source of life and of all diseases. It is through the nervous system that remedies show their action. Mechanical and humoral forces are of very rare influence. Cullen accepted Hoffmann's division of morbid conditions into spasm and atony. In fever the chill is its prodrome and its cause; the chill is a debility of the brain; the peripherous ends

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of the blood vessels are spasmodically contracted. In inflammation the essential symptom is congestion into the blood vessels. Amongst the neuroses are the comatose diseases, adynamies, spasms, psychical diseases and topical disorders. Only in scrofula and scurvy is there an alteration of the fluids. His therapy is simple; the drugs act on the nerves, which are either stimulated or weakened.

His pupil, Gregory (†1822), without adding much to Cullen's teaching, controlled forever the simplicity and sobriety of English medical thought. While no country suffered more from theories than Germany, England was nearly immune.

Cullen's teaching was followed and sustained on the Continent mostly by de la Roche of Geneva and Paris (1743-1815), who was an out and out neuropathologist, and in part by Vacca Berlinghieri of Pisa. It was he who caused solido-pathology to take precedence in German pathological thought. Altogether, however, the English practitioners were not partial to theories; their own Brown they left to other countries to go mad over. Cheselden, Benj. Bell, Fothergill, Pringle, Heberden, Home, were straightforward and cool observers. Currie, after the example of Hahn on the Continent, taught the use of water as a powerful therapeutic agent. Tissot in France, Zimmerman, Quarin and J. P. Frank in Germany, Austria and Italy, furnished good histories of diseases and diagnoses which considered the physical totality of the patient, not a single symptom only.

While the eighteenth century was one of theories and of systems, all of which were to pass away, there was also a large amount of practical work. The Academy of Surgery was founded in Paris by Marèchal, 1731, and endowed in 1741 with rights equal to those of the medical faculty. The "Practical School of Medicine" was established in 1738. When I mention the names of the first teachers, Chopart and Desault, the rapid development of surgery in France, and under its influence in Great Britain, becomes explainable. Germany was slow in following; its surgery was inferior to, though influenced by, that of France and England until the middle of the nineteenth century, in spite of Lorenz Heister, Schmucker, Theden and Richter; in spite of Haller, the great and broad man of the century, who taught anatomy, botany, chemistry, medicine and surgery, the latter, however, without the courage to operate; in spite of the foundation of the Charité by Frederick, of the Josephinum by Joseph of Austria, and in 1895 of the Medico-Surgical Frederick William Institution of Berlin.

In the second half of the century obstetrics also made a great stride. It is true that in 1746 the Medico-Pharmaceutical College of Amsterdam prohibited obstetrical practice unless the practitioner bought, at a cost of 2000 florins or more, a secret instrument from the same college. When its nature finally became known it proved to be a simple lever. In 1747, however, Levret described the forceps Palfyn had presented to the Paris Academy in 1723. All that time it had remained unknown. De la Motte and Baudelocque are, beside Levret, the most prominent French, Manningham, Smellie, Wm. Hunter and Denham the most influential English obstetricians. The obstetrical literature was very large; nowhere more so than in Germany, where Mittelhauser could boast that while in every labor requiring aid the child was always lost—that was self-understood—he succeeded in saving two out of ten women. How many of the two died afterwards of puerperal fever we are not told. The cruel mortality was finally the reason why obstetrical schools were founded in many German towns. Undoubtedly the midwives thus instructed have contributed to the preservation of many lives. In our time, and in our very country, while the profession's brightest honor consists in its labors in behalf of sanitation and prevention, the teaching of simple midwifery is tabooed by that very profession.

The second half of the century, furnishes a large number of monographical publications. The mind, eclampsia, chorea, catalepsy, hysteria, neuralgia, apoplexy, the spinal cord, the heart, the lungs were often treated of. Senac on

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the heart, 1749, Auenbrugger's Inventum Novum of 1761 should always rank amongst the classics; so should Home on croup, 1765, Baumès on Tabes Mesenterica, 1788, Wichman on the "Etiology of Itch," who in 1786 drew the acarus, Cardogen, 1771, and Grant, 1781, on gout, Huxham, Pringle, Sarcone and Campbell on typhus, Huxham on "Febris Nervosa Lenta," and Roederer and Wagler De Morbo Mucoso, 1762, both of which were evidently meant for typhoid fever. There are many more whose names a grateful history should not forget, too many to be mentioned in this sketch.

But no sketch ever so brief can miss the name of Edward Jenner. It was on the 14th day of May, 1796, that he vaccinated a boy named James Phipps with pus taken from Sarah Nelmes, a dairy maid who suffered from cowpox, and in 1798 he published "an inquiry into the causes and effects of the variola vaccinæ, a disease discovered in some of the western counties of England, particularly in Gloucestershire, and known by the name of cowpox."

The most fertile progress in medical thinking was, however, made through new researches in pathological anatomy and histology.

Morgagni (1682-1771), *de sedibus et causis morborum*, 1761, connected the results of autopsies with the processes observed during life. In the words of Virchow, he introduced anatomical thinking into medicine. It was he that facilitated the labors of John Hunter, who appreciated the significance of pathological anatomy and of experimental research, and established the museum which alone would suffice to carry his name to all future generations. Nor is it probable that without Morgagni, Bichat could have evolved his discoveries, he the solitary histologist without predecessors—Pinel and Bordeu perhaps excepted—and for many decades, even in his own country, without successors, just 100 years ago. His new doctrine coincides with the dawn of a new century. He taught that every tissue differed from the rest in its vital properties; that is why its diseases also should differ from one another. That is also why an organ composed of several tissues might exhibit a disease in one of its tissues only, while the rest remained intact or nearly so. Still in so far as the contact and connection between the components of an organ was intimate, a morbid condition could migrate from one to its close neighbor; for all these reasons pathological anatomy must begin with the discussion of the tissues.

The eighteenth century, with means more limited than ours, with imperfect or no instruments of precision, has accomplished much for medicine; partly conjointly with increasing general culture, partly through the exertion of a few superior men. In this respect science differs from the rules governing the political evolution of the human race. In science history can be made by a single brain; in politics but rarely. Alexander succeeded in part. Not even Julius Cesar accomplished it. Napoleon, though powerful enough to shake the universe, fiendish enough to murder defenceless prisoners of war, and reckless enough to depopulate his own country, could not do better than extend the lessons and results of the revolution which he aided in throttling. Bismarck, though far-seeing, unscrupulous, inconsistent and brutal, accomplished but a part of what the bleeding and starving youth of 1848 had prepared for him. It is only our country that is so fortunate as to possess a few men so great that it seems it could not have thriven without them. Washington was of that type; also that fearless, sturdy and uncompromising statesmen, the involuntary choice of a reluctant party, whose dignified retirement speaks as loud for his greatness as his vigorous steering when he controlled the helm, unmoved by the waves.

In science single men do make history. So did Paracelsus when he shook off the yoke of Galen, who had reigned 1600 years. So did, towards the end of the eighteenth century, just previous to the foundation of your faculty, Morgagni, when he introduced anatomical thinking into medicine; Haller, when he taught the functions of different organs, mainly the muscles, and discovered the existence of sensitive nerves, and of nerve currents going in different directions; John Hun-

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ter, when he established pathological anatomy and experimentation on a sound basis; Jenner, when he laid the foundation of sero- and organo-therapy; Bichat, when he created histology. That is what Virchow did when he fixed the throne of life in the invisible cell; Pasteur, when he demonstrated forever the omnipresence and omnipotence of the unseen microbe. "Narrow is the universe," so the poet says, "when compared with the vastness of man's brain."

The social position of the physicians became much improved during the eighteenth century. In its beginning it was decidedly low. The public at large was not in contact with the few illustrious men who had the monopoly of positive knowledge and of sound judgment, but with the crowd of ignorant, quackish or superstitious practitioners. About 1750 circumstances improved very much, and towards the close of the century the medical profession enjoyed the confidence and veneration of the public to a high degree. Riches they had not, for it is true there were but few physicians who became opulent; still a small income sufficed for a competency. The veneration and confidence, and the influence in all matters, terrestrial and celestial, formerly possessed by the clergy, were now enjoyed by the doctor. The growing indifference in matters of positive religion relegated the clergy to the pulpit, to the deathbed and sacred ceremonies, and the absence of the confessional from Protestant countries made of the family physician the father confessor, the adviser and friend in matters physical, mental and emotional. Gradually he also became the adviser of the Commonwealth, for the influence of medicine became more tangible in the interests of public health when forensic medicine and medical sanitation were first written about amongst other celebrities by J. P. Frank. Thus obedience to the physician became a matter of course, and the appreciation of his superiority self-understood. Even eccentricities in manners and dress and charlatanism, which fostered the belief in his occult knowledge and secret arts, did not hurt him in the estimation of the many, while it is true that through them the better-informed and better-mannered portion of the public became doubters or adversaries. These were sustained in their scorn by what was going on in the profession itself. It is true that only the best informed could appreciate the contradictions between medical theories, and that what Stoll called salvation, C. L. Hofmann called perdition; that Brown cursed them all, or that medical books could not be printed in Germany without undergoing the censorship of a university like a Philippino war despatch. But there were things that the plainest mind could grasp. One of the greatest public scandals of the century was the steal of Girtanner's, who succeeded through years to pawn off John Brown's teaching as his own. Then came Hahnemann. He and his immediate followers had a more injurious effect on the relations of the medical profession to the public in this, that they did not present a new doctrine for its own sake, a new system which was to enlighten the world, but a creed like Mohammed's in behalf of which the world, the medical world, was to be fought. The talk of the demagogue and the vile language of the street were his weapons. Books and pamphlets were written in which the laymen were called upon to pass judgment. The attacked party was careless enough to do the same. In this way the laymen were, by both parties, made to believe that neither learning nor experience was required for a complete understanding; that, on the contrary, they would bias a correct criticism. Since that time more than ever before the public knows it all, while the medical man learns by hard work that he knows but little. Since that time the newspaper reporter is the medical authority, and the neighboring lady friend the consultant. A few years ago a great medical editor proclaimed in a daily paper that the young newspaper reporters were the most appreciative and knowing critics of the tubercle bacilli demonstrations*

The worst enemies, however, of the European profession a hundred years ago were its own members. Their manners were not above those of their fellow-citizens, or as the case might be in differ-

*Of C. A. Wunderlich, Geschichte der Medicin, 1859.

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ent countries, their fellow-subjects. Culture both of mind and heart was a monopoly of a few; the economic and mental distance between the aristocracy and the plebeian was immense. There was no dissemination of at least a minimum of instruction amongst the millions like at present. It is true that teaching the brain need not and does not improve the heart; a ruffian born will never be a gentleman, though ever so thoroughly drilled. The continental medical man of the last century spoke Latin, but he was for all that a man of his century. He was no longer Molière's polite scoundrel who in the consulting room said to his colleague: "If you let me purge him I shall let you bleed him." He appears, from all we know, and from what we conclude from the copious literature of the subject, rather coarse, self-willed, captious, jealous and noisy. The behavior in consultations between doctors was discussed in books and essays; that very fact proves that it required criticism and correction. I think we in 1899 have reason for self-congratulation when an author who wrote in 1791 declares consultations between doctors to be impossible, purposeless, time-killing, revolting and "lacerating." And in 1783, over his own name (Scherf's Archiv.), famous J. P. Frank advises in all seriousness the calling in of the police to arbitrate and restore order when doctors disagree in their consultations.

That explains why the literature on the relations of physicians to each other was very large in every country. Whatever is settled or self-evident is not written about. When good behavior or morals is universal there is no need of preaching or thundering against the contrary. L. Stieglitz of Germany wrote (1798) appealingly and in a gentlemanly strain on the meeting of physicians at the sickbed and on their mutual relations in general. Percival of England was more practical, inasmuch as he ordained in 1807 a code of ethics which was made the law book of the American Medical Association in 1847. Such a book should be taken as the expression of the best moral instincts and practices of the men superior in mind and heart. It is only after decades or generations, when general culture increases, that men will find their doings gradually approaching or reaching what the intellectual and moral nobility of their profession before them deemed proper and dignifying.

In gentlemanliness, candor, equity, helpfulness, consistency and principle good men of all times and all professions are unanimous. No climate, creed, philosophical school, political party make any difference. Hippocrates, Aristotle, Plato, Aristides, Kimon, Aemilius Paulus, St. Paul, Lessing, Lincoln followed the same laws, unwritten except in their human hearts and read by their own starlight not visible to the crowd.

To what extent a code diminishes temptation or transgression it is difficult to say. There are no statistical researches to show that those who believe that a gentleman does not require one, and that no law book ever made an honest man out of a degenerate or a criminal, commit more sins than their neighbors.

Looking backwards 100 years we find many reasons for admiration. In all times the main scientific progress was made by individual men, and in a lesser degree only by the army of inferior workers preceding or succeeding them. "When the kings are building the truckmen are kept busy."* In the eighteenth century physical and mental communication was difficult and slow. There were no telegraphs and no railroads to bring people together in international congresses or through the "associated press" of science, but there were plenty of jealousies, censorship of books and lack of scientific apparatuses. There was no biological method of study, but there were outsiders with philosophical theories and insiders with vitalistic doctrines. So much the more do we admire the colossal intellects and powerful workers, some of whose names I mentioned, that contributed so much to what we now are and have, and feel in duty bound to transmit to our successors for their eternal work. We have too many advantages in this work not to appreciate them. The greatest I know of is the dissemination of

*Schiller.

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modern methods of research amongst all the members of the profession. In that way thousands are made to co-operate, where a hundred years ago there were a few. It is barely possible that the future will not produce many Bichats or Hunters or Virchows; aye, they may not be required, for those found the paths for us and secured our methods for all times. Besides, where the average size of men is great, the Sauls who rise above their shoulders become less in number. It may be quite possible, therefore, that of those who ornament the medical profession of this and other countries at the present time, very few or none will in a hundred or two hundred years shine through the dim past—simply because so many of the file have risen to rank. The greater the accomplishment of the masses the less is the opportunity of individual stars to outshine the pervading general light. What in former centuries gigantic men accomplished will be performed, I think, by great institutions. Not many individual names may be remembered, but the achievements of Harvard, Columbia, Ann Arbor, University of Pennsylvania, Johns Hopkins and the rest will be enumerated amongst the glories of the coming centuries. Single men may not be the predominant powers, but great societies like yours should and will take their places in history. The totality of great institutions and societies is like nature, always active, always effective, immortal. It is a wonderful mental apparition, this co-operation of a hundred thousand for a common end, that end being science and humanity. That is the way in which science will be the example for our political and social future. Like science, society furnishes the history of the association of individuals into a community, of these into a State, of States into the Union. Science, however, is ahead of politics. We do not speak any more of American or German or French science or medicine. They have become cosmopolitan. The illustrious names of England, France, Germany, Italy are our names, as ours are theirs. Scurrilous allusions to nationality and yellow country jealousy which it is true no longer linger amongst statesmen, but are characteristic of low politicians, have no room amongst us. Equality, fraternity and solidarity are inscribed on our flag. We recognize that the work of mankind is not performed by one man, by one country. The great principle for which this Union was hammered out of jealousies and strifes is also that of science as now understood, viz., enlightened, progressive and co-operative democracy.

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

VI.

THE FOUNDERS FROM THE EASTERN SHORE OF MARYLAND.

ENNALLS MARTIN.—When Dr. Martin graduated at the Philadelphia College with the degree of M.B., it was his intention to return the following year and take the M.D. degree. But the attractions of practice proved too strong, and he did not go back. In 1818 the University of Maryland conferred upon him the honorary degree of M.D.

When he was about to leave Philadelphia Dr. Shippen did everything to induce him to remain, and even offered to make him adjunct professor of anatomy and give him an interest in his practice. But Dr. Martin was certain that he could get a much better practice in Talbot county, and affairs were very gloomy in Philadelphia just after the Revolution.

Soon after his arrival in Easton Dr. Martin engaged in the political strife of the day and drew around him many friends of his party. He also made many bitter enemies in the opposite party, and it was not long before his practice began to suffer in consequence. He was a constant contributor to the little party paper which was published in the town and was the cause of much strife and ill-feeling on both sides. Had it been known that he was the author of the papers entitled "The Grand Caucus Man"—a comic

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farce—his life would have been in much danger.

Notwithstanding this diversion he applied himself with great enthusiasm and assiduity to his professional duties, and being six feet high and a man of great bodily strength, he was able to bear a great amount of fatigue. While naturally fond of study and retirement, he was a good companion. He was well read in medicine and delighted to converse on medical topics, especially surgery, in which he chiefly delighted. He kept up a large correspondence with the most eminent men of the American profession—Rush, Hosack, Mitchell, Miller, etc.—and was an occasional contributor to the *Medical Repository*, the only medical periodical at that time published in the country. His fame was not confined to his native State.

He was unquestionably a skillful and able practitioner, tenacious of his opinions when once his mind was made up, yet ever ready to yield when convinced of error. Although a zealous follower of Rush in the heroic and drastic methods, practiced by this "father of American medicine," the epidemic of 1813-14 altered greatly his estimate of the lancet. He continued to advocate it, however, although insisting upon its judicious and moderate employment. The following instance is related as showing his inflexibility of purpose: "He received a very pressing invitation to see F. in consultation on Mrs. F. in the adjoining county of Queen Anne. The patient, who was suffering with pneumonia, was being treated by Dr. T. of Queenstown with warm toddy, etc. As soon as Dr. Martin had thoroughly examined her he proposed the use of the lancet. The attending physician at once objected, and with great warmth said, 'Sir, I am treating the case according to your published opinion.' In vain Dr. Martin tried to convince him by argument that this case differed from the epidemic of 1813-14 to which the other had referred. Both became excited, and the result was that the poor woman was left to her toddy and soon died. Dr. Martin often spoke of the case and never without deep regret."

When his patients were ill he was always in great distress. When he had decided what they should take, it was useless for them to object. He has been known repeatedly to take a recalcitrant patient by the nose and force the medicine down his throat, and this not only in the case of children, but adults. His bluntness and brusqueness caused his patients to fear him and gained for him among his colleagues the soubriquet of "Abernethy of Talbot." He was the first to introduce vaccination into Talbot, and by his strong force of will to overcome the prejudice against it.

He was devotedly fond of agriculture, and gave a considerable part of his time to the scientific cultivation of his lands. But he was too much given to theory to make his farming profitable. He wrote a good deal in the *Easton Gazette* on the subject, which has since been carried out, with much profit, and the county is now one of the richest and most highly cultivated in the State; indeed, for water prospects and the raising of all kinds of fruit and wild fowl it is not excelled by any in the country. Had Dr. Martin not been surrounded by a large circle of relatives and acquaintances, who freely partook of his hospitality, and had he kept out of politics and refused to make himself responsible for the debts of others, he would doubtless have amassed a large fortune.

From early life Dr. Martin was brought up in the doctrines of the Protestant Episcopal Church, and soon after settling at Easton he connected himself with the church there, and was a faithful and zealous member of it throughout his life. On the death of a favorite son, not wishing the remains to be placed in a private burial ground that might fall into other hands, he gave to the vestry of Christ Church at Easton the lot of ground in which his son was interred.

His death took place at Easton on the 16th of December, 1834, at the age of seventy-six, after an active professional life of over fifty-two years. He left a large family. His remains were interred in the beautiful cemetery of the town and a monument of marble was erected over them by his loving grandson, the late Robert Kirkwood Martin, a distinguished

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civil engineer of Baltimore. His wife, Sarah Haywood Martin, died on June 3, 1835, at the age of sixty-eight.

Dr. Martin was the biennial orator of the Medical and Chirurgical Faculty in 1807, when, by appointment, he delivered an oration on fever. In 1815, upon the death of Dr. Philip Thomas of Frederick, he was elected president of the Faculty and continued in that office until 1820. He was the author of a work entitled "An Essay on the Epidemics in the Winters of 1813 and 1814 in Talbot and Queen Anne County, Maryland," Baltimore, 1815. This essay was read before the annual convention of 1815. Just before his death he commenced a work on the diseases of the Eastern Shore of Maryland, but was unable to complete it. In 1808 he urged the establishment of an infirmary at Easton for the Eastern Shore.

WILLIAM MILLER was a founder from Cecil county.

Medical Progress.

SURGICAL HINTS.—The following excellent hints are taken from the International Journal of Surgery:

"All hypodermic injections may be rendered less painful and be more readily absorbed if the active substance is dissolved in saline solution instead of plain water.

In nursing women, every inflammation of the breast and nipple must be considered as having a bacterial origin, and should be treated like any other local infectious process.

In alcoholic coma always investigate the bladder. It is apt to be very full. If there is no stricture the urine would drain itself out after a while, but if prostatic or other stricture should exist a rupture of the bladder might take place.

In administering chloroform to patients who have to be placed upon the side, as in some obstetrical operations, etc., place them on the right side if possible, as the heart's action is much better under chloroform in that position than it is when the left chest is compressed against the table or bed.

In men, the intense scalding during urination in acute gonorrhea may be relieved by urinating with the penis immersed in a vessel containing hot water. Women with gonorrheal urethritis may similarly be relieved by directing them to urinate while taking a copious hot douche or while sitting in a warm sitz bath.

After having succeeded in passing a catheter through a stricture, after some trouble, it is better to wait for some hours before withdrawing it. If you do not you may have just as much trouble in introducing another, whereas a catheter left in situ for a day or so will dilate the canal enough to allow you to pass the constriction quite easily.

In ankylosis resulting from disease still existing, passive motion is harmful. The only manipulation allowable in such cases is for the purpose of placing the limb, if possible, in the most useful position. In deforming arthritis, for instance, knees should be straightened out and elbows bent to a rather acute angle, under anesthesia. Then use rest, with splints and ice bags to prevent inflammation.

In women climacteric hemorrhages sometimes occur as the result of vasomotor disturbances or of arterial sclerosis. It sometimes happens that several such hemorrhages take place prior to the final establishment of the menopause. Women at this period always attribute such an occurrence to the change of life, but the surgeon must invariably examine the patient on account of the strong chances of cancerous trouble.

* * *

MODERN LITHOTOMY.—Loumeau (Therapeutic Gazette), apparently on the basis of a single case, announces that modern lithotomy implies an elaborate and prolonged crushing, pushed almost to the point of complete pulverization; chloroform anesthesia maintained at the first stage during the period of preliminary washing and crushing, then pushed to the third stage of complete anesthesia during the period of aspiration; rigorous asepsis during the operative act, and, finally, postoperative cystoscopic verification as to the complete emptiness of the bladder.

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MARYLAND

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BALTIMORE, JULY 22, 1899.

Nurses, Doctors and Matrimony.

AS REPORTED in one of the daily papers, a physician in New York made an onslaught on the doctors, nurses, and nurses in hospitals especially, averring that the nurses and doctors flirted and carried on, and that the hospital ward and training school were a vast matrimonial field. He said that many nurses thought that the hospital was a vast school of matrimony; that flirting with the doctors came first and taking care of the patients was only a secondary affair. It is a great problem how to keep the nurses and physicians apart in a hospital.

This may be a little severe, but there is certainly a small amount of truth in what this physician says, for, while most nurses enter on their life work with serious intent and sincerity, yet many of them take up that work because of unhappy relations at home, because of unrequited love, because of various reasons. Some find that their social position is raised; some who have formerly been indifferent to men, or who may have even disliked them, are now thrown into close contact with educated men who are not averse to idle talk now and then. This, together with the restrained life, the hard work, the too often lack of exercise, together with a pretty face, good figure, while the man may be more than ordinarily intelligent, often handsome; all this soon helps the little god of love to do the rest.

Hospitals and training schools have not rules all alike. In some training schools not only are the physicians and nurses disallowed to have conversation not on professional subjects, but even outside of hospital and during the intervals of rest and recess they dare not walk together or talk together for fear of dismissal of the nurse. Other schools are more lax and allow free communication between nurses and physicians in the wards and out. It is hard to be strict, and yet no strictness means no discipline.

Some training schools are openly called matrimonial bureaus, because the marriages between physicians and nurses now follow as a matter of course, and if the nurse does not receive a husband with her diploma she feels herself deceived. There is no objection at all to a marriage between physician and nurse, but the lovemaking had better be done away from the hospital, and the celerity with which the nurse lays down her life work at the call of the future husband shows often with what purpose women take up this or any calling.

* * *

Alvarenga Prize.

IN these days of laboratory and original research competition among workers is very keen, and there is much less opportunity than formerly to obtain a coveted prize. It is therefore so much the more an honor that the Alvarenga Prize of the College of Physicians of Philadelphia has been awarded to Dr. Robert L. Randolph of Baltimore, who, in the midst of a large private practice, together with hospital, dispensary and college duties, has found time to do a piece of scientific work which has gained him this much-sought-for prize.

For the past few years Dr. Randolph has been carrying on experimental work at the Johns Hopkins Hospital and also in the laboratories, and as a result his essay, entitled "Regeneration of the Crystalline Lens," has been considered of sufficient excellence to have this prize awarded him. This essay becomes the property of the College of Physicians and will be printed and distributed by them.

Dr. Randolph cannot be too highly congratulated for his excellent work.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 15, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
Pneumonia	..	9
Phthisis Pulmonalis	..	13
Measles	16	..
Whooping Cough	5	..
Pseudo-Membranous Croup and Diphtheria.	5	3
Mumps	..	..
Scarlet Fever	3	1
Varioloid	..	..
Varicella	2	.
Typhoid Fever	*11	1
La Grippe	..	..

*Four (4) cases imported.

Typhoid fever is said to be especially prevalent in Carlisle, Pa.

Surgical instruments are now admitted to this country free of duty.

Ground has been broken for the new Mt. Sinai Hospital in New York.

Dr. J. E. Brown has ceased to be editor of the *Columbus Medical Journal.*

The Berlin Medical Club invites physicians passing through the city to honor it with a call.

A civil engineer of Baltimore is said to have been cured of yellow fever by injections of serum.

Dr. William J. Haile, a prominent physician of Essex county, Virginia, is dead, aged seventy-six.

Dr. Clifford Allbutt, regius professor of physic in Cambridge University, has been made an honorary doctor of science of the Victoria University, Manchester.

Mrs. C. Knaup of New York has given the $10,000 necessary to complete the German Hospital of Brooklyn, the condition being that the donor should be received as a free patient should that be necessary.

Dr. S. T. Lineweaver, a physician of Harrisburg, died at his home last Monday, aged seventy years. Dr. Lineweaver received his degree at the Jefferson Medical College and at one time practiced his profession in Baltimore.

A Parisian, who was traveling, refused to give up his ticket to be examined by the conductor on the plea that the conductor's hands were soiled and would contaminate his ticket and also his own hand. He was fined for being such an ardent hygienist. He probably would not have refused soiled money.

The State Pharmacists of Maryland elected the following officers for the ensuing year: A. R. L. Dohme, president; C. C. Woltz, vice-president; J. M. Weisel, second vice-president; C. H. Ware, secretary; William M. Fouch, treasurer. The executive committee are J. W. Foster, J. G. Rich and A. Eugene De Reeves.

The July meeting of the Baltimore County Medical Association was held at Roland Park last Thursday. At this meeting the following programme was announced: A biographical sketch of Dr. Thomas Cradock, by Dr. H. Louis Naylor; Dr. W. P. C. Wyse to read a paper on the "Management of the Sickroom;" Dr. B. F. Bussey, a paper on the care of children in warm weather, and Dr. H. Richardson, a paper on "Artifical Feeding of Children." Dr. William J. Todd is president, and Dr. Purnell F. Sappington, secretary of the association.

Dr. Charles G. Hill, physician-in-chief of Mount Hope Retreat, has submitted to the guardians the fifty-sixth annual report of that institution. Dr. Hill states that the year has been characterized by the greatest number of patients yet recorded for one fiscal year, the highest percentage of recoveries and the lowest death rate. As Mount Hope is a chartered hospital and receives two classes of patients, the statistics regarding them are divided. Of 783 insane last year, 125, or 15.9 per cent., recovered; of 118 not insane, 107, or 90.8 per cent., recovered, making a total of 222 recoveries in 901 patients of both classes, or 24.6 per cent. Carefully-kept statistics show, however, that insanity seems to be increasing in this country at the rate of about 7 per cent. annually. Dr. Hill treats especially of the question of giving insane patients employment, believing that light and congenial occupation and recreation are necessary, but speaks strongly against exacting overexertion. "The insane man is diseased mentally and physically," he says, "and it is our experience at Mount Hope that but a very small per cent. of the patients are capable of regular, systematic manual labor." The report concludes with statistics showing the year's work in detail.

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Washington Notes.

Acting Assistant Surgeon L. De Poorter has been ordered to duty at Havana.

Drs. Clifton Mayfield and J. Ramsay Nevitt have been appointed surgeons for the police and fire departments to take effect August 1.

Dr. W. H. Wilmer and Dr. Charles W. Richardson are attending the session of the American Otological Society at New London, Conn.

Assistant Surgeons T. S. Bratton and H. H. Bradley have been ordered to accompany the Nineteenth Infantry to the Philippine Islands.

The following acting assistant surgeons, U. S. A., have been ordered to Havana, Cuba, for assignment to duty: F. H. Sparrenberger, J. M. Parrott, R. T. Burr and Percy Ahrons.

Drs. Wm. L. Masterson, De Witt C. Chadwick and D. D. Mulcahy have sailed from New York for a three months' tour. They will visit the principal hospitals of Europe during their sightseeing expedition.

A. B. Eichhorn, druggist, corner K and First streets N. W., is to be tried by jury for prescribing for a six-months-old child, who died shortly after taking the medicine. Druggists of this city should take warning; they are all of them prescribing without a license.

There were 153 deaths in the District last week. Of this number, sixty died from gastro-intestinal diseases. Of these forty-seven were under one year. There were seven deaths from apoplexy, one from cerebro-spinal meningitis, two from diphtheria, one from typhoid, one from pertusses, one from measles. The District is free from smallpox, and has fourteen cases of diphtheria and twenty cases of scarlet fever in isolation.

The organization of an army nurse corps is now in progress under the supervision of Dr. Anita Newcomb McGee. The corps consists of chief nurses, nurses and second nurses. These nurses must be graduates of training schools and have had at least two years' experience in a hospital, excepting immunes to yellow fever and nurses serving during the late war. For service in the United States a nurse will receive $40 per month and in any of the colonies $50. Chief nurses of five or more years' service will receive $10 additional, and for ten or more years $25 additional.

Book Reviews.

MATERIA MEDICA AND THERAPEUTICS. By J. Mitchell Bruce, M.D., Fellow of the Royal College of Physicians of London, etc. Philadelphia: Lea Brothers & Co.

The contents of this little volume are presented in a concise and compact form, making the work the more practical and desirable for student and practitioner. The scope of the work is chiefly therapeutical and is intended more as a rational guide than an exhaustive treatise. In the department of Special Therapeutics the author has systematically traced the physiological actions and uses of the different drugs in their passage through the body from their first contact with it locally until they are eliminated in the secretions. Other important features are commendable throughout.

THE POCKET THERAPIST. A Concise Manual of Modern Treatment for the Physician and Student. (Arranged Alphabetically for Ready Reference.) By Thomas Stretch Dowse, M.D., London. Pp. 179. Price $1.50. New York: Wilbur B. Ketcham. 1898.

This is a very convenient little book for the pocket and pretends to be something more than a list of prescriptions. Besides the treatment of disease, poisons, the urine, blood, sputum, vomit, feces and the antitoxines all receive attention. The little book contains much information, and this is to be recommended.

REPRINTS, ETC., RECEIVED.

Rupture of the Drum-Head Not Necessarily Incurable. By Louis J. Lautenbach, M.D.

The *Bête Noir* of the Vocalist. By Edwin Pynchon, M.D. Reprint from the *Alkaloidal Clinic.*

Some Results in Cases of Tobacco Amblyopia. By Louis J. Lautenbach. Reprint from the *Journal.*

The Progress of Rhino-Laryngology. By W. Scheppe Grell, M.D. Reprint from the *Laryngoscope.*

Pericardial Diseases, Illustrated Clinically. By Thomas E. Satterthwaite, M.D. Reprint from the *Medical Times.*

Prompt Attention to Earaches in Infancy and Early Childhood. By Louis J. Lautenbach, M.D. Reprint from the *Journal.*

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Original Articles.

THE TREATMENT OF EPIDEMIC CEREBRO-SPINAL MENINGITIS WITH THE ARSENITE OF COPPER.

By Louis Kolipinski, M.D.,
Washington, D. C.

READ AT THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA JUNE 10, 1899.

THE irruption of epidemic cerebro-spinal meningitis in Washington, D. C., during the latter half of the winter of 1899 was sufficiently sudden to startle the community with the terror of a new and fatal disease and to leave no doubt in the mind of the practitioner as to the nature of the malady and its most frequent termination. My personal experience may serve in illustration in reviewing the course of the cases successively seen by me individually or as an associate of other colleagues:

1. In October-November, 1898, a sporadic case in an adult female; death in the fifth week. She resided in the southeast section of the city.

2. A boy of fourteen; February, 1899; seen with Dr. R. T. Holden; death in forty-six days; southwest section.

3. A boy of five; February; seen with Dr. R. T. Holden; death in five days; southwest section.

4. A married female of twenty-two; March; seen with Dr. Wm. F. Walter; death within a week; southwest section.

5. Male child of eighteen months; March; death in the fifth week; northwest section, near the center of the city.

6. Male, of about sixty years of age; March; vigorous constitution and previous good health; disease in the fulminant form; death in thirty-six hours; southwest section.

7. Male of fifty-six; April; good constitution; death on the fifth day; northwest section; consultant, Dr. W. W. Johnston.

This litany of death will suffice to justify a most unfavorable prognosis in this particular epidemic, and shows that its course was of the most malignant type.

The impression on the mind of the writer regarding the routine treatment of the text-books had become of a most unfavorable kind. Hypnotics and anodynes in particular seemed harmful. It became a settled determination with him at the first opportunity to try some other remedy, along some line of consistent reasoning, with a germicidal or harmless palliative effect; the more so since the mere indications of relieving pain or producing sleep in this disease are in reality not so obvious as the usual description of the symptomatology would force one to believe. The dogmatism and positivism of older classical writers, particularly of the German school, simply assured his resolution. Niemeyer, for example, says, "Whoever tries any proposed plan only on the severest cases will attain negative results by any procedure," and Ziemssen says, "Although we have used morphia frequently we have never seen any injurious effects from it, but, on the contrary, such a decidedly palliative action that, along with cold, it seems the most indispensable remedy in the treatment of meningitis."

To make the test significant all other medical treatment was to be omitted.

It was under these circumstances that the next patient encountered was the one whose history is first recorded in what follows, and in the instance of this child

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the anorexia, irritable stomach, vomiting and fever seemed of more importance for pure and harmless palliation than the unrest, the sleeplessness and the pain. The routine treatment, then, which was used tentatively in the first was attempted as a system in the second and third cases. It is as follows:

1. Quiet, by excluding, as much as possible, persons, light and sound from the sickroom.

2. A simple milk diet, with drinking water whenever desired.

3. Daily movement of the bowels by enema or castor oil.

4. The arsenite of copper for the first and second days every half-hour whilst patient is awake, with improvement in the symptoms intervals of dosage are prolonged every one or two hours on the third day, every two or three hours on fourth day, and with apparent convalescence the remedy may be discontinued.

The three cases recorded below are those of children, and the formulae for the arsenite are appended thereto. For an adolescent or adult I would give the dose in proportion to the age, according to the usual rule.

The above is the treatment, and there is nothing else in addition, except that a tepid bath is recommended should the fever rise suddenly and high.

The patients were examined and their symptoms and histories noted by Dr. W. B. French, appointed by the city health office to study the disease, and to him I am indebted for the notes in the first case, which, however, have been amplified.

Case 1. Ethel Teague; six years of age; living in the northeast section; a healthy and well-nourished child; was treated by me two weeks before her present sickness for aphthous stomatitis, with which her cousin and playmate, a boy of four, was affected at the same time. The child's parents are healthy. Sunday, May 7, 1899, suddenly became sick at night with fever and vomiting and complaining of pain in the back of the head.

I was called to the child Monday, May 8. Found her quiet and languid; supine position; pulse accelerated and slight fever; tongue, thin, white coating; still complains of pain about the head. The child looks prostrated; is irritable and silent. As the appearance of the patient at this visit seemed improved over the condition of the night, quiet and a liquid diet were suggested, with the expectation that the case would resolve itself into one of acute indigestion or unfold itself by the inception of new and successive symptoms. The latter occurred Monday night by increasing fever, restlessness and delirium; vomiting persisted; pain intensified.

Tuesday morning, May 9, the child had fever, turning from side to side at short intervals; pain complained of in occiput, neck and shoulders; photophobia, hyperesthesia marked, especially over abdomen, which is flat and hard; is constipated; is very restless and irritable; some rigidity of the neck; she seems to avoid the dorsal position; apparently suffers pain on attempting to move; child bores finger into nostrils and picks at her lips in a distressing manner in attempting to detach the dry mucous membrane; the vomiting continues. A diagnosis of epidemic cerebro-spinal meningitis is made. The following treatment is instituted: Exclusion of light and sound; milk diet, rectal enema, and

℞ Cupri arsenitis, gr. 1-100.
Aquae distillatae, ℥iij.

M. S. Shake the vial. One teaspoonful every half-hour.

A tepid bath should the fever be high. In the evening the child was given a tepid bath, which, however, was not repeated. The vomiting ceased after the second dose of the arsenite.

Wednesday, May 10.—The previous night was disturbed, but less so than that of Monday. Complained of occipital pain; towards morning sank into semicoma, which continues; child lies quiet and in dorsal position, face turned to the left shoulder; is very pale; eyes sunken; pulse febrile; marked stiffness of cervical spine; treatment continued.

Thursday, May 11.—The night was a better one; she took milk freely; the sensorium is clear, the child rational and will now reply when questioned; the stiffness of the spinal muscles continues, and head held by preference turned to the left shoulder; complains of pain in left knee

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and right instep; improvement apparent; the arsenite to be given every hour.

Friday, May 12.—Slept naturally and well through the night; pupils respond to light, and child perfectly rational. No herpes or other eruption; no ocular disturbance; complains of pain in left leg, as yesterday; an epistaxis from left nostril; loss of body weight very marked; the patient is considered convalescent and the arsenite is continued at intervals of two hours, and for the succeeding Saturday and Sunday at intervals of three and of four hours.

May 21.—The child for the last week has been perfectly well and playful today; in the evening she grows silent and complains of headache. She is markedly pale and her figure quite meager.

Case 2. Case and notes of Dr. James M. Barber. Raymond Rhine; twenty-one months old. This infant is cousin to the child in Case 1. The families live next door to one another on the south side of a street, near the center of the city. Raymond has had convulsions before the present illness; is a delicate child; still nursed by its mother, which she continued to do during this sickness; parents young and healthy.

May 11, 1899, 4.30 A. M.—Child in apparent health the day before; is seized with eclamptic convulsions, high fever (temperature 103° F.) and vomiting; child slightly constipated; when first seen was conscious; warm bath was given; bromide of potassium and the sweet spirit of niter, also calomel, were administered; child rested quietly till 8 A. M.; the temperature did not abate during the day, and later was seized with another convulsion; bowels were not moved.

May 12 a reseola, like in German measles, appeared over the whole body; child dull, irritable, listless and feverish.

May 13, 11 A. M.—Temperature 98° F.; eruption fading; bowels moved by injection, a simple sudorific; liq. ammon. acetatis prescribed; at 4 P. M. temperature 103.5° F.; severe convulsion at 4.30 P. M.; his nights are very restless.

May 14, symptoms and fever being intermittent, one grain of the muriate of quinine, three times a day, was prescribed, but as an intensification of symptoms later in this day excluded malarial fever, the remedy was at once omitted, and at the same time the arsenite of copper begun, it being now apparent that the child had cerebro-spinal meningitis of the intermittent type.

℞ Cupri arsenitis, gr. 1-100.
Aquae distillatae, ʒiij.

M. S. Shake the vial. One teaspoonful every thirty minutes.

For constipation, an enema; temperature is irregular. In the afternoon 103° F.; a convulsion in the afternoon and another in the evening.

May 15.—Morning temperature normal; child very restless; in the afternoon irregular fever; vomiting ceased; child's lower canines beginning to extrude; gums were lanced.

May 16.—Morning and evening temperatures normal; no vomiting; child is very fretful and irritable; hyperesthesia pronounced; stiffness and tenderness of cervical spine; strabismus; throws head backward; at night said to have had "high fever."

May 17.—Temperature normal; servical spine held rigid and face turned to left side; bowels moved naturally; when child is lifted up holds head fixed in position mentioned, apparently from pain and weakness; noticed twitching of eyelids and muscles of the neck; child cannot turn its head to right side; takes two quarts of milk daily; arsenite of copper in original dose.

May 18.—Temperature normal; child is irritable; tongue coated; hyperesthesia marked; stiffness of cervical and dorsal spine continues; arsenite given every hour.

May 19.—No fever; arsenite every two hours; child had a good night; head still carried with face turned to left side; complains of pins sticking him; enema, with good result.

May 20.—Same treatment; general condition improving; still complains of pins sticking him.

May 21.—No fever; bowels regular; tongue cleaning; child can move head and neck; takes food readily; looks bright and takes interest in things; is convalescing.

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May 22.—Improving; somewhat fretful; stiffness of muscles of the neck disappearing.

May 23.—Child is up and around; is very pale and very thin.

May 24.—Up and dressed.

May 25.—The same; had a vomiting spell.

May 26.—At play; pallor and emaciation still pronounced.

Case 3. Rosa Nickol; seven years of age; northeast section.

Monday, May 15, 1899.—The child of previous good health and of healthy parents; ate a hearty supper and played out of doors until 9 o'clock; at midnight a high fever developed, temperature at 6 A. M. being 104° F.

Tuesday, May 16.—Her fever continued; complained of pain in abdomen, ascending the right side of the chest, in the cervical spine and occiput; nausea and vomiting at intervals; refuses food.

Wednesday, Thursday and Friday.—Fever vacillating; pains and vomiting continues; the nights are very restless, and opiates do not seem to give relief; on Thursday frequent urination and tenesmus; child picks at her lips and bores finger into nostrils; an epistaxis from the left side; convergent strabismus; intermittent deafness; spasms in right arm; hyperesthesia and pain when touched or moved; is constipated.

Saturday, May 20.—On first examination it is noted that the tongue is dry, red and partly coated white; herpes labialis; skin pale; eyes sunken; haggard look; apathetic; very weak; will not answer questions; short, coma-like sleep; short, single, very moist cough; no abnormal physical signs in thorax; body much emaciated; lies on her back, face turned to left side, knees drawn up; abdomen slightly distended; is constipated. At midday pulse 120, temperature, axillary, 101° F.

Treatment: Darkened room; avoidance of noise; tepid bath should fever rise; an enema; milk every two hours and water when desired, and the following prescription:

℞ Cupri arsenitis, gr. 1-50, ii.
Aquae distillatae, f. ʒiij.

M. S. Shake the vial. One teaspoonful every half-hour.

At 5 P. M.—Child lies on her right side; looks brighter; bowels have not moved; tongue moister; pulse 120, axillary temperature 99° F.; child says she feels better; complains of light entering the room; has not vomited.

Sunday, May 21.—Last night very restless and her cries disturbed the sleep of the neighbors; thought to have had fever; her cry is short and sharp; cephalic; short, loose cough continues; in the morning drowsy; utters the peculiar cry at intervals and when disturbed; is very irritable; lies uncovered; the mother thinks the child is deaf, as she does not seem to hear questions; no vomiting; bowels have not moved, as child resists efforts to give an enema; spasms in right arm, also appearing in left arm and in right leg; sensorium clear; protrudes tongue when directed to do so, which is moist; red-brown coating in patches; whispers to her mother that she wants to go down stairs; temperature 1 P. M., 98.4° F., pulse 116; child when asleep has eyelids half open; turns frequently from side to side; post-cervical tenderness marked; emaciation very pronounced; at 6 P. M. condition the same; temperature 98.4° F., pulse 120; two teaspoonfuls of castor oil.

May 22.—Through the night more quiet; tâche cerebrale noted about knees, lower jaw and post-cervical region. At 12 M., temperature 97.8° F., axillary pulse 96; the child is given the arsenite of copper every hour, as convalescence is recognized to have begun.

May 23, 11 A. M.—Had a good night; sleep deep and natural, but crying and irritable in the morning; bowels have moved; tongue moist; at times through the night some abdominal and chest pains; condition is normal; pallor and weakness very marked; pulse 90, axillary temperature 96.5° F.; copper arsenite every two hours and a liberal milk diet.

May 24, 11 A. M.—Tongue clean, healthy; bowels regular; returning appetite; is quiet and shows no disposition to play, but has her toys about her; three herpetic raw spots still at right angle of the mouth; temperature 98° F., pulse 84;

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copper arsenite every four hours for a day.

May 26.—Child regaining color and plumpness; no noticeable deafness.

In reviewing the histories of these cases of epidemic cerebro-spinal meningitis, and in deliberating thereon at the time of treatment and afterwards, the writer thinks himself justified in claiming that in the use of the arsenite of copper in the manner described in this disease there is a very speedy arrest of all gastric disturbance, and, further, that its effects are immediate and curative on the malady itself; that these records show that if these results were not due to the remedy administered, then there is no other explanation but that the recoveries were spontaneous and natural. In these observations no complications or sequelae were observed, except the wasting, weakness and anemia apparently common to most acute and dangerous maladies. On the other hand, all writers agree that complete recoveries are obscured by an unfortunate number of sequelae of the cerebro-spinal system; that deaf-mutism often finds its causation in this disease; that non-fatal cases may suffer a most protracted convalescence, and do so in the majority of instances; that it is very fatal in infants and in children; that marked deafness alone, for example, mars restoration to health in more than 50 per cent. of cases; that the average mortality is 40 per cent., that it may reach 80 per cent.; that rapid recoveries are infrequent, except in the abortive type; that death may end a course of illness extending over many weeks.

To conclude, whatever of value may be embodied in this paper it is hoped will be tested and judged by others whose work may bring them in contact with epidemic cerebro-spinal meningitis and its treatment.

Addendum.—Since writing the above an opportunity presented itself to use the arsenite treatment in an adult, of which what follows are the notes:

Mrs. F., thirty-three years of age; living in the northeast section; mother of four children; has been ailing for several months, and has had much domestic care and trouble. She did not menstruate last month; looks weak and much reduced. Sunday, June 11, she went to church, but on returning home was compelled to seek her bed, feeling much prostrated; alternating hot and cold sensation; much nausea and vomiting; three distinct chills, the severest one that night; severe pain in head, more or less diffused; also pain in lumbospinal region. The night was sleepless and restless.

Noonday, the headache not abating, she took large doses of a nostrum for relief. In the afternoon the patient is found weak and depressed; pulse, 96; temperature, 99° F. The pains in the head and back are less intense. For the last thirty-six hours she has taken no food.

The following was prescribed:

℞ Cupri arsenitis, gr. 1-10.
Aquae, ℥iv.

M. S.—Shake the vial. One teaspoonful every thirty minutes.

June 13.—Severe abdominal pain began last night and continues this morning; severe backache; with the inception thereof began her menstrual flow, which is very profuse, the blood partly in clots. She fears it is an abortion. The night was sleepless, arising often to urinate and shifting her position from bed to an easy chair. Flaxseed-meal poultices applied to the abdomen. At 12.30 P. M. entirely free from pain. Takes milk freely, feels better, but is very weak. At 5.30 P. M. free from pain; slight strabismus noted; no gastric disturbance.

June 14.—In the morning, fever beginning to decline; had a quiet night; was able to sleep; today improving; tongue heavy white coating; no new symptoms; in the evening is brighter and stronger; patient says her impressions of Sunday and Monday were of being stricken by some severe acute disease; "thought she was getting typhoid fever;" arsenite given every two hours.

June 15.—Slept well; tongue cleaning; manner quiet and languid; in upper dorsal spinal region tenderness exquisitely outlined on gentle palpation; herpes on anthelix of left ear; corresponding part of right ear itches; arsenite every three hours.

June 16.—Patient is recovered; arsenite every four hours; the herpetic vesicles have turbid contents; ulnar sides palms

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of hands itching papular spots, probably herpetic.

RECORD OF PULSE AND TEMPERATURE.

			Pulse.	Temp.
June 12—	5	P. M.	96	99° F.
	10.30	P. M.		100° F.
	3.30	A. M.		101.5° F.
	4	A. M.		101.5° F.
June 13—	7	A. M.	96	103.2° F.
	7.40	A. M.		102.5° F.
	10	A. M.		101.5° F.
	1	P. M.		100.5° F.
	4	P. M.	88	101.4° F.
	8	P. M.	88	101° F.
June 14—	12	M.	90	100.5° F.
	2	A. M.	78	99.8° F.
	6	A. M.	72	99.4° F.
	10.35	A. M.		98.8° F.
	4	P. M.		99.2° F.
	9	P. M.		99° F.
June 15—	8	A. M.	72	98° F.

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

VII.

THE FOUNDERS FROM THE EASTERN SHORE OF MARYLAND.

ABRAHAM MITCHELL was of Scotch-Irish extraction and was born in Lancaster county, Pennsylvania, in the year 1734. He settled at or near the Head of Elk, as Elkton was then called, some time previous to 1767, as he was practicing his profession near that place at that date. But little is known of his early history, but he was a cousin of the Rev. Alexander Mitchell, a distinguished Presbyterian minister of Chester county, Pennsylvania, at the close of the last and early part of the present century. Dr. Mitchell was about twenty-five years of age when he came to Cecil county. There is a tradition in the family that when he had completed his medical studies he was presented by his father with a horse, saddle and saddle-bags and £500 in cash. With these he started out to seek a favorable location to practice his profession. He soon lost the money by going security for a friend. Nothing daunted, he set to work manfully to repair the loss, in which purpose he was favored by a robust constitution and great energy. In 1769 he leased a lot in Elkton, on which he subsequently erected the dwelling-house on Main street recently occupied by Mr. James T. McCullough, who in 1845 married his granddaughter, Catherine W. Mitchell. Elkton was at that time an insignificant village of perhaps a half-dozen good houses.

Dr. Mitchell was fond of agriculture, and leased a large tract of land near the mouth of Mill creek, a stream which empties into the Little Elk, near Glover's Hill. In 1779 he also purchased 100 acres, part of New Castle back landing, and situated on Elk river, just above Frenchtown.

Dr. Mitchell was one of the most distinguished physicians of his day, and his practice extended over the greater part of Cecil and parts of Harford county, Maryland, and New Castle county, Delaware. He was a true patriot, and manifested his devotion to the cause of his country during the Revolution by converting his house into a hospital for the reception of the wounded soldiers of the Continental army, many of whom availed themselves of his kindness and professional skill.

On the 19th of November, 1772, he married Mary Thompson, daughter of Dr. Ephraim Thompson.

In 1781 he purchased 200 acres of land at Fair Hill, and some time later removed thither. Subsequently he returned to Elkton and resided in the mansion house since occupied by Dr. R. F. Tull. Returning to Fair Hill, he died there September 30, 1817, being in his eighty-fourth year. In 1777 he was a liberal subscriber to the salary of Rev. Mr. Thompson, rector of North Elk parish. In his later years he became a member of Rock Church.

Dr. Mitchell was the father of eight children, two of whom died in infancy. One of his sons, Col. George Edward Mitchell, also a member of the Faculty, beame very distinguished. The following is his record: Born in Cecil county,

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Maryland, March 3, 1781; graduated in medicine at the University of Pennsylvania, 1805; member of Maryland legislature, 1808; member of the executive council of Maryland and president, 1809-12; appointed major of Third Artillery, May 1, 1812; lieutenant-colonel of same, March 3, 1813; brevetted colonel for gallantry at Oswego, August 14, 1814; resigned from the army June 1, 1821; member Congress, 1822-32 (except one term); died in Washington city June 28, 1832. He was alike distinguished as physician, patriot, soldier and statesman and as the personal friend of Lafayette.

JOHN NEILL of Worcester county was the son of a Scotch emigrant and lawyer of the same name. He was born at Lewes, Del., June 3, 1749. He was an ardent whig during the Revolution. He was a member of the board of examiners of the Eastern Shore, and practiced at Snow Hill, where he died in June, 1816. [Henry Neill, son of above, 1783-1845; M.D. University Pennsylvania, 1807; moved to Philadelphia and became vice-president of the College of Physicians, 1814. John Neill, demonstrator of anatomy University of Pennsylvania, and author of "Neill & Smith's Compend," was a grandson.]

PERRY ECCLESTON NOEL.—Though appointed for Talbot county, Dr. Noel seems to have resided in Queen Anne. He was a native of Maryland, having been born in 1768. He received a classical training and studied medicine under an eminent physician of this State. He continued his studies at the University of Edinburgh, where in 1794 he received the degree of M.D., his thesis being entitled "De Angina Tracheali." Returning to Maryland in 1795, he married Sarah Nicholson. He was a member of the first board of examiners from the Eastern Shore. He was physician to Queen Anne County Almshouse, 1804, and member of the town council of Centreville, 1809. He died at Centreville October 14, 1813, leaving a wife and several children. A son, Maj. Thomas Noel, U. S. A., was killed during the Seminole War in Florida. He (Major Noel) left a son, Dr. P. E. Noel, who died in St. Louis and whose descendants are living in Texas and California. Mr. J. B. Noel Wyatt, architect, of Baltimore, has relics of his grandfather, Dr. Noel, among which are his ivory lancet case, punch bowl in which his children and grandchildren were baptized, and a pencil profile. The diploma is still in existence in the West, and the inaugural thesis is in the Surgeon-General's Library, Washington, D. C. The profile gives the impression of a robust, handsome, middle-aged man, with light hair, blue eyes and large nostrils, full suit of hair, without wig, clean-shaven face, well-formed, regular features, rather thick lips, old-fashioned coat with high collar, and white neck scarf; I should say a frank, sociable, amiable countenance. Mr. Wyatt has also some interesting letters written to Dr. Noel by his guardian while in Edinburgh, but they are not accessible in time for use in this notice.

GEORGE WASHINGTON PURNELL and JOHN PURNELL of Worcester county were brothers and members of a family well known and numerous in that section, yet inquiry regarding them has developed but little information. We can conjecture that they were natives of Worcester county, but the dates of their birth and facts connected with their education are entirely unknown. They resided at Snow Hill, where the first died in 1842, the latter in 1800. Dr. G. W. Purnell is said to have been "probably one of the youngest of the charter members." Two of his four sons were physicians—James R. S. Purnell, who served in the legislature and died in 1848, and George W. Purnell, who removed to Louisiana and died there in 1861. Two grandsons also became physicians—Wm. Purnell, deceased, of Philadelphia, and George Purnell, who is still living in Mississippi. John Purnell also left a son, who was a physician and who died in Alabama without descendants.

EDWARD SCOTT.—Dr. Scott was the son of a physician of Chestertown, Kent county, Maryland. He was born in that town and educated at its (Washington) college. Later he began the study of medicine as the pupil of Dr. James Moat Anderson. He attended lectures at the Philadelphia Medical School, but it is not known whether he took a degree or

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not. He practiced at Georgetown Cross Roads (now Galena), Kent county, for thirty years and was the acknowledged leader in the profession in that section. He was handsome, dignified, refined, courteous and eloquent and a sincere Christian. He had a slight defect in one eye. For many years he was an invalid. He died October 1, 1803. [There was another Dr. Edward Scott, presumably a descendant or relative of the above, who was censor for Kent county in 1831 and 1840 and who died October 1, 1842.*]

JAMES SULLIVAN† of Dorchester county was the great-grandson of a chieftain of the same name of the Irish clan of O'Sullivan. This warrior gathered his followers together in county Limerick, southwest of the Shannon, and marched to the battle of the Boyne Water with a commission as major in the service of King James II, in 1691. On the capitulation of Limerick, the following year, he was one of those who, together with such of the clan as still clung to him, went over with Sarsfield to France, and was incorporated in the celebrated Irish Brigade in the service of Louis XIV, commanded by the Duke of Berwick. Having served through the Marlborough wars, in the reign of Queen Anne he left the French service, crossed the Atlantic and settled in the upper part of Dorchester county, then a part of Somerset county. Here all the descendants of his name have lived and died ever since, with two exceptions.‡ Dr. James Sullivan was born on the family estate near East New Market, at that time the principal village in the county, on March 30, 1737, and died there July 3, 1803. He married Mary Ennalls, the widow of Thomas Ennalls, and left descendants, but none still living of the name. Further details of Dr. Sullivan are wanting. Miss Elizabeth S. Muse of Cambridge, a great-granddaughter, has a miniature of him.

TRISTRAM THOMAS, one of the most eminent physicians of the Eastern Shore, was born at "Roadly," near Trappe, Talbot county, Maryland, December 25, 1769. His father, who was also named Tristram, died before his birth. Upon the death of her husband, his mother removed to Wilmington, Del., where she remained until the close of the Revolution, when she returned to the Eastern Shore. He was educated at Wilmington, and pursued his medical studies under Dr. Nicholas Way of Wilmington and at the University of Pennsylvania, where he graduated in 1792. The subject of his thesis, which was in Latin, was "Sthenic Pneumonia." About 1803 he did much by his pen and personal influence to promote the introduction of vaccination on the Eastern Shore. In 1810 he united with Thomas H. Dawson in conducting a drug store, continuing his practice, however. He practiced in Easton for fifty years, or until a few days of his death, which occurred suddenly from affection of the heart at his home in Easton on August 5, 1847. Dr. Thomas served on the board of health of Talbot county, 1793, during the prevalence of yellow fever in Philadelphia; he was an attending physician of the county almshouse for many years, and in 1816 was elected president of the District Medical Society. He was thrice married and left numerous descendants, among them a son, Philip F. Thomas, who was governor of the State. In 1845 his friends, both lay and medical, united in having a full-length portrait of him painted, as a testimonial of the general esteem and affection in which he was held. That portrait hangs upon the walls of the University of Maryland, where it was deposited for safe keeping. Dr. Thomas was very tall and spare, with narrow, sloping shoulders. He was a great chewer of tobacco. He carried a cane cut from an olive tree on the Mount of Olives, a present from his son, Capt. Charles Thomas, U. S. N. He was noted for his gentleness and sympathetic manner. His visits were always cheering and grateful, and all who knew him looked upon him as a personal friend. He is described as "the very model of a polished gentleman." He died poor, with books filled with uncollected accounts. "His extensive practice was as much the result of his moral as his intellectual qualities," says one

*_Maryland Medical and Surgical Journal._ Vol. 3.

†The name is spelt different ways—Sullivan, Sullivane, Sullivan, etc.

‡The exceptions are Capt. Clement Sulivane, U. S. A., who fell in Hull's disastrous action at Black Rock, in the War of 1812, and Dr. Vans Murray Sulivane, murdered in Mississippi in 1840.

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of his biographers. He was an Episcopalian and federalist, and in both religion and politics was most liberal. He was master of the Masonic lodge at Easton. He bequeathed his body to "the faculty*" for dissection. A distinguished legal gentleman, whose father was on intimate and friendly terms with the Doctor, was called on, on the death of the former, to settle his estate. Among the creditors was the Doctor, with whom there had been no settlement of accounts for forty years, yet everything was arranged without the least hitch or unpleasantness. My informant (the lawyer) spoke of this as something remarkable and as indicating the singular suavity of the physician. On another occasion the Doctor was an applicant for a political office, and called upon the President with reference to it. So favorable was the impression which he made that he secured his object at once.

SAMUEL THOMPSON was born at "Medical Hill," Queen Anne county, 1777. He graduated in Philadelphia and married Mary Adeline Thompson of the same city February 20, 1803. She dying, he married a second time Sarah Smythe, September 15, 1811. He maintained a hospital for inoculation at "Medical Hill." He died September 6, 1844. [Dr. S. G. Thompson of Leesburg, Va., is a grandson.]

EDWARD WHITE lived and died in Cambridge, Dorchester county. He was born in 1750 and died in 1825. He is credited with the degree of M.B. Mrs. Edward White Le Compte of Cambridge has a large oil painting of him, by a celebrated Swiss artist, taken the year before the Doctor's death.

JOHN WOOLFORD was born in Somerset county in 1760, and died near Princess Anne November 15, 1836. He was a censor in 1840, and was a man "of sterling worth and great influence."

EDWARD WORRELL, the son of William Worrell of "Fairy Meadows," was born near Chestertown, Kent county, Maryland, April 3, 1763. He was educated at the Free School, afterwards Washington College, Chestertown, and entered the office of Dr. James Bordley. He attended lectures at the Philadelphia Medical School, and began practice in Chestertown in 1784. In 1796, by the death of a brother, he inherited the paternal estate (near the town) and removed thither to reside. Dr. Worrell was of commanding appearance, being six feet in height and of robust figure; he had a handsome face and courteous, affable and dignified bearing. He was a great reader, and though engaged in large practice he kept up with the progress of medical science and general literature. He was passionately fond of agriculture and combined the pursuit of that with medicine. He was regarded as a man superior to most of his compeers. He was the preceptor of several eminent physicians of the Eastern Shore, among whom were Drs. Morgan Brown, James Page, Peregrine Wroth and John Groome. He died October 18, 1804.

Of JOSEPH PRICE of Caroline county, JOHN THOMAS of Queen Anne, DORSEY WYVILLE of Dorchester county and JOHN YOUNG, JR., of Carroll county I have no knowledge.

JOHN WELLS of Queen Anne county is said (Quinan) to have moved to Baltimore in 1802.

This paper completes the record of Eastern Shore founders. The writer earnestly urges all those who see these pages and have information of the physicians named, or notice errors of any sort in the papers, to notify him of the same. It is of great importance that there should be a full and accurate record of these matters.

NOTE.—In preparing the above sketches I have derived much assistance from a manuscript memoir of Dr. Martin, by a member of his family, and from the History of Cecil County, by Johnston.

*This title was used in the last century and early part of this to designate (1) the medical profession at large, (2) its representative and embodiment "The Medical and Chirurgical Faculty," and (3) the professors of a college in their corporate capacity. It had, therefore, three significations It is no longer used for the first.

BUSINESS TRAINING FOR PHYSICIANS. Apropos of the lax business methods of physicians as a class, Dr. Walter B. Platt, in a most excellent address before the Johns Hopkins medical students, says in the Boston Medical and Surgical Journal: "I would have every man about to practice medicine spend from three to six months in training in business methods, for, unfortunately, there is a business side to your profession."

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Medical Progress.

A New College Building.—The following account of a modern building for a medical school is taken from the Journal of the Alumni Association of the College of Physicians and Surgeons, Baltimore: At the opening of the session in October the College of Physicians and Surgeons of Baltimore will present to the student one of the most modern structures ever erected in this country for instruction in medicine. It has been the aim of the faculty to be strictly up to date, and nothing has been left undone in order that that aim shall be accomplished. A special committee from the faculty was appointed some months ago to visit the large medical centers, to view the colleges in these cities and thus secure an accurate knowledge of latest methods that have been adopted and found beneficial in the instruction of the medical student. The institutions of New York, Boston and Philadelphia were inspected and all the good points from these colleges were studied, and after much labor and careful consideration plans for the new college building were agreed upon. In order that the very latest appliances could be obtained, and that the minutest detail in every department would not be neglected, the faculty has expended $100,000 in the construction of this building.

As has been said, the dominant idea in the building of the structure is that it shall be modern in every respect, and to this end the greatest care has been given to the equipment of the laboratories and classrooms wherein the practical side of medicine will be taught.

The building is to consist of four stories. On the first floor is to be found the dispensary, which is so divided that each specialty of medicine has its separate room. That the student of medicine may understand the advantages this dispensary furnishes, it need only be mentioned that last year alone there were treated nearly 30,000 patients. On the first floor also is found the heating, lighting, cold-storage and ventilating machinery of the building.

The second floor is to contain two large classrooms, the clinical laboratory, where the members of the graduating class are to be instructed in the clinical methods of diagnosis, the Pasteur laboratory and library. This library is to be made a special feature. The apartment devoted to it is commodious and well lighted, and is to be furnished with medical, standard as well as current literature, so that the student will have every opportunity of availing himself of a solid foundation in medical knowledge.

The third floor is to have two amphitheaters, clinical laboratory, pathological laboratory, physiological laboratory and chemical laboratory, toilet and accessory rooms. The amphitheaters on this floor are to be well lighted, special efforts having been directed in this line, and are to be sufficiently large to accommodate the student comfortably during the lectures and demonstrations.

On the fourth floor the apartments are specially constructed for the demonstration of clinical work. On this floor is to be found an amphitheater that will seat 400 students, and the arrangements have been so made that even with the hall filled to its fullest capacity each individual will have an unobstructed view of every operation. Those who have attended colleges built upon less modern plans can readily appreciate what this means. Each student can, without any inconvenience, see over the heads of his neighbors and observe the operations in comfort. Adjoining this main amphitheater is to be found a number of rooms for sterilization, anesthetizing, dressings and operations of minor character. On the fourth floor is also located a bacteriological laboratory that will be second to none in its equipments to give the medical student an intimate understanding of this most important branch of modern medicine.

The anatomical department is commodious, well lighted, conveniently arranged and abundantly supplied with material.

The new college building, as was the old, is directly connected with the City Hospital, which has also been enlarged. The advantages of this arrangement can very readily be appreciated. The hospital is filled at all times with medical cases of interesting character, and, on account of the central location of the hospital in

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the city of Baltimore, the accident department keeps the surgical wards well filled with instructive material.

Every effort will be made to give the student a practical education. Not only will the clinical material be brought before the class, but bedside instruction will be insisted upon. On these occasions the professor of the particular branch will be in charge, and under his supervision the student will be required to bring out all the important points of the case and will be taught to cultivate his observing qualities.

With all the advantages of clinical and bacteriological laboratories open to the student, and with the valuable opportunities to observe the progress of cases at the bedside, nothing is omitted that would give the seeker of medical knowledge an advtantage to thoroughly equip himself and thus make him a competent practitioner.

In conformity with the modern methods that have been adopted at the college, a training school for nurses has been established at the City Hospital. Working in conjunction with the Sisters of Mercy, the efficiency of the hospital has been increased, and in this way the ward teaching has been materially facilitated.

The result of this painstaking labor on the part of the faculty has been to give the student advantages that cannot be excelled. Practical instruction has not been neglected by giving an excess of theory, nor has theory been neglected to the extent of giving a faulty foundation. The methods that have been adopted are those that have been thoroughly tried and found to give the medical student the greatest advantages that can be derived from a four years' course in the study of medicine.

* * *

Success in Medicine.—The British Medical Journal says: "We learn from an American contemporary that Dr. John E. Harper, in an address on 'Success in Medicine,' delivered at the graduating exercises of the College of Physicians and Surgeons of the University of Illinois, pointed his moral by citing the principles adopted by Sir Henry Holland for the conduct of his professional life. Holland began practice, Dr. Harper informed his hearers, 'at the age of twenty-one among the aristocracy of the West End of London, and at the outset made the following two resolutions: (1) That he would never practice more than ten months in any one year, spending the remaining two months in travel and recreation. (2) That he would never allow his practice to exceed £50,000 per annum.' To these rules, we gather, he adhered with admirable resolution for sixty-four years, and it is comforting to know that he 'several times collected in one year the amount to which he had limited himself.' We fancy that most people will fully agree with Dr. Harper that the secret of success in medicine is to make £50,000 a year. The resolution never to exceed that limit is one that most of us would find no difficulty in keeping, nor would many find such a self-denying ordinance as Sir Henry Holland with such fortitude inflicted on himself at all necessary. Sir Henry's plan of starting in practice 'among the aristocracy of the West End of London' is another secret of success that is unfortunately not open to everyone. Not a few have to content themselves with the aristocracy of Brixton, or Stepney, or even of Whitechapel, but these haunts of fashion have, of course, the advantage that the practitioner has, perhaps, less difficulty than he might find at the West End of limiting his income to £50,000 a year. To speak seriously, Sir Henry Holland's career is about the last which could be used as showing to ordinary practitioners the way to success in medicine. He had altogether exceptional advantages at the start: he lived at a time when a little knowledge went very much further than it goes now; he was largely used by statesmen as a neutral medium of unofficial communication, and by ladies as a purveyor of gossip—is it not on record that on his paying a professional visit one day he was informed that her ladyship was too ill to see him? Lastly, he did not limit his aspirations in the matter of fees to £50,000, but to £5000 a year. Even this is a self-limitation which most practitioners do not find it needful to impose upon themselves as a rule of professional life."

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JULY 29, 1899.

Doctors and Contagion.

AT the present day physicians are giving more attention to hygiene and sanitary matters than formerly. The question of preventing disease, of restricting it when it does occur and of protecting the well against the sick is one which is receiving universal attention. There is one link in this chain of protection which should be more firmly cemented, and that is the protection of a well person from a sick one when the physician is the intermediary. Too often physicians carry disease themselves and frequently use no precautions, but "trust to luck" and the fresh air to free them from the last dangerous case. Scarlet fever, perhaps also diphtheria and most of the exanthematous diseases are easily carried by the clothing, by the hair and also on the hand and under the nails. Physicians rarely use precautions, but take hold of the patient, feel the pulse, often touch the skin and rub against the bed with their woolen clothing. Then; also, the deadly beard, which is supposed to be an ornament and which in olden times was supposed to add dignity to the calling, may drag against the patient, or exhaled particles may attach themselves to it, and thus the physician may carry the disease in various ways.

In attending a case of communicable disease it would be well for the physician to have a long linen coat, or even a rubber coat, and put it on at the entrance of the sickroom and leave it at the door as he goes out. His nails, too, should be protected by gloves, or, perhaps better still, he should wash them with a nail brush after each visit and before he leaves the room or that part of the house. The less hair a physician has on his head or face the cleaner he will be. Long hair is not an ornament in a man, and unless well kept soon looks unclean.

Physicians should in many ways learn that they too often cause illnesses by carelessly carrying disease from one person to another, and should use more than ordinary precautions and not leave a trail of infection behind when visiting the sick.

* * *

The Faculty Library.

GRADUALLY through the appropriations of the Faculty, through the liberality of Mr. Frick and of the Book and Journal Club, the library of the Faculty is growing in a most desirable way, in that only the most choice and necessary books are added. Care has been taken to provide only standard works, and ephemeral text-books have not been bought. The library should be especially useful in the summer, when business is dull and cases are few, and physicians will feel themselves repaid by a visit and an examination of the many books that are constantly being added to the shelves of the library.

Attention of the readers at the Frick Library is called to some very important French and German works:

Brouardel, Traité d. med., 5 vols.
Graucher, Maladies d. l'enfance, 5 vols.
Charcot's complete works, 8 vols.
Lancereau's new work on the liver.
Congresses of innere Medicin, 16 vols.
Janet, exhaustive treatise on Néuroses.
Strumpell, Practice of Medicine, 12th ed.

Also many new works of special interest to bacteriologists and pathologists in the French. Among the new English books is:

Gerrish's Anatomy.
Lewis' Mental Diseases.
Allbut's System, vol. 7.
Browne's Throat and Nose.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 22, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	3	18
Measles	9	..
Whooping Cough	11	2
Pseudo-Membranous Croup and Diphtheria.	18	4
Mumps	..	..
Scarlet Fever	4	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	5	2
La Grippe	..	..

Norfolk is said to have less malaria than formerly.

Prompt action saved Bellevue Hospital from a serious fire.

Schaefer, the English physiologist, has been called to Edinburgh.

The health commissioner is now looking after the sweat-shops.

There were seventy-three deaths from tetanus in New York last year.

Dr. B. F. Bussey is vice-president of the Baltimore County Medical Association.

The attempt to regulate the Christian Scientists in New York has not been a success.

England, Hungary and some other countries are trying to enforce stringent regulations for the control of massage establishments.

According to the government reports there were eighteen cases of smallpox reported in Baltimore between June 18 and July 15 and fourteen at Sparrow's Point.

A Paris physician who accidentlly left a pair of forceps in a woman's uterus, thus causing her death, has been sentenced to five months' imprisonment for "imprudent homicide."

The death is announced of Dr. Thomas F. Owens, who died at his residence in Baltimore on Sunday, July 23. Dr. Owens was a native of West River, Md., and received his medical degree at the University of Maryland in 1844.

A case is reported in the daily papers of several Baltimore physicians who were doing tracheotomy when a fire broke out in the house. They removed the patient to another room and completed the operation while the fire department was at work.

The epidemic of anthrax prevailing among the cattle on the island of Gothland is spreading. Forty parishes have become infected, and deaths of human beings who had contracted the disease are recorded. Soldiers have been stationed to guard the roads in the infected districts.

Among the new volunteer officers of the medical department of the government is Dr. S. Chase de Krafft, assistant surgeon, with the rank of captain. Dr. de Krafft is a native of Cambridge, Md., and at the suggestion of Dr. Brice W. Goldsborough was appointed on the State Board of Health of Maryland, of which he is president.

The Mississippi Valley Medical Association will hold its twenty-fifth annual meeting in Chicago October 3 to 6, 1899. The committee of arrangements promises a number of attractive features. The president is Dr. Duncan Eve of Nashville. It is requested that titles of papers be sent at once to the secretary, Dr. Henry E. Tuley, Louisville, Ky.

The report of the examining board which recently met in New York and examined candidates for appointment to the position of assistant surgeon in the Marine Hospital Service has been received by the surgeon-general of that service. There were eight successful candidates, among them Thomas B. McClintic of Virginia and Charles W. Vogel of Maryland.

The *Medical Record*, in commenting on the death of Dr. William Russell, the oldest Harvard graduate, aged ninety-nine, and referring to the fact that he never wore an overcoat, facetiously adds: "This attracts our attention and shows the increasing difficulty of obtaining a livelihood in the profession. A man who had been practicing since 1826 and who has never worn an overcoat will doubtless soon be followed by accounts of others who have been practicing even longer periods and have never been enabled to wear waistcoats and perhaps trousers. Especially will this be the case if dispensaries, hospitals and medical clubs continue increasing in numbers as they have for the last few years."

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Washington Notes.

Acting Assistant Surgeon Paul Mazzuri, now at New Orleans, has been assigned to duty at Havana.

The Smallpox Hospital is now deserted. The last patients have been discharged. From the beginning of the epidemic, January 20, 1899, to the present time ninety-six cases have been treated in the hospital and but one death occurred.

There were 136 deaths in the District during the past week. There were two fatal cases of diphtheria, three of scarlet fever, thirty-one of diarrheal diseases, two of cerebro-spinal meningitis and eighteen of diseases of the lungs. There are seventeen cases of diphtheria and twenty-nine of scarlet fever in isolation.

The annual report of the Washington Hospital for Foundlings shows that forty-four children were in the hospital June 30, 1898, and that thirty-one were received during the year. Of this number there were eighteen adoptions and twenty-five deaths during the year. A mortality of 33 per cent. is rather large for an institution of this kind. The assets of the institution are estimated at $145,527.66, the liabilities none.

Dr. Oscar Loew of the Agricultural Department has been experimenting for several years to obtain a germ enzyme in a pure state that will be antagonistic to the original germ and can be used without injury to the patient. He claims that enzymes of certain bacteria will kill not only the parent germ, but also those of cholera, typhoid, diphtheria and several other diseases. This same idea has been entertained by other men for some years.

Dr. John G. Winter, president of the Commission of Pharmacy, has submitted the annual report. During the year twenty-five graduates from colleges were registered and thirty-one non-graduates examined, of which number eight were passed and registered. The Commission holds examinations on the second Monday of January, April, July and October. Speaking of the doubtful strengths of drugs, Dr. Winter says: "Laudanum in some stores is made as it should be, from the dried powder, an assayed drug, while in others it is still made from the green gum, which has no definite morphine strength, and is therefore dangerous." He recommends that an inspector be detailed to look into the matter.

Book Reviews.

SANATORIA FOR CONSUMPTIVES IN VARIOUS PARTS OF THE WORLD. By F. Rufenacht Walters, M.D., M.R.C.P., Lond., Physician to the North London Hospital for Consumption and Diseases of the Chest. Pp. 374. Price 10s. 6d. London: Swan Sonnenschein & Co. 1899.

In view of the great interest taken in pulmonary consumption at this time this work is of the greatest value and contains a fund of information. Dr. Walters is a man not only of great experience in treating consumption, but he has by personal visits made himself acquainted with many of the largest sanatoria for treating this disease. The opening chapter gives the definition of what a sanatorium is and how it differs from a chest hospital, convalescent home, etc. He then speaks of the climate desired for treating consumption and the advantages and disadvantages of the various climates. He does not forget to note the advantages of home climate and how to treat the tuberculous case at home when a journey is inadvisable. The principal part of the work is taken up with the outlines of sanatorium treatment, sites for sanatoria, the grounds, the construction, decoration and furnishing and everything that could possibly be connected with a sanatorium for consumption, and then he enumerates the various institutions all over the world, giving a clear description of each and in most cases reproducing illustrations of their buildings and plans. The work is a most valuable one and reflects great credit on the author and publishers and at this time will find a large sale.

REPRINTS, ETC., RECEIVED.

Injuries of the Eyelids and Eyeballs. By L. Webster Fox, M.D.

Adenoid Vegetations. By Emily Mayer, M.D. Reprint from the *Journal.*

A Few Interesting Eye Cases. By G. Griffin Lewis, M.D. Reprint from the *Annals of Ophthalmology.*

The Neuropathic Origin of Stuttering. By W. Scheppergrell, A.M., M.D. Reprint from the *Philadelphia Medical Journal.*

The Influence of Turbinal Hypertrophy Upon the Pharynx. By Lewis S. Somers, M.D. Reprint from the *University Medical Magazine.*

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MARYLAND
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Original Articles.

GUNSHOT PERFORATION OF THE INTESTINES.

REPORT OF A CASE RESULTING IN RECOVERY, WITH NOTES AND DEDUCTIONS.

By J. M. Spear, M.D.,
Cumberland, Md.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVAVIA AND WEST VIRGINIA, AT MARKLETON, JUNE 22, 1899.

Mr. Chairman and Fellow-Associates:

In an unguarded moment, while suffering from an attack of temporary enthusiasm, I promised to report at this meeting a case I had then under treatment, and, in spite of my protests since, the officers of this association have persisted in holding me responsible for my acts and demand a fulfillment of my promise. I the more readily comply, because I am convinced that some deductions can be made from the case useful to the practitioner.

The case referred to is that of T. W., aged eighteen, who was accidentlly shot in the abdomen about 11.45 A. M., November 27, 1898, and was operated upon about 8 P. M. the same day at the Western Maryland Hospital by myself, assisted by Drs. Wiley, Duke, Fochtman, Cunningham and Miller.

I reached the side of the wounded man a couple of hours after the infliction of the wound, and found Dr. Cunningham of Cresaptown in attendance. At that time he was suffering but little from shock or pain, but was exceedingly nervous—in a state of great terror. His skin and extremities were warm, pulse and respiration but little accelerated, but we were sure the viscera were perforated, that an operation was necessary, and decided to immediately remove him to the hospital, where his chances for recovery would be greatly enhanced. The move was made on special train, with little disturbance to the patient, about 6 o'clock P. M.

The operation was commenced about eight hours after the reception of the injury, and lasted, from beginning to end, one hour and forty-five minutes. At the beginning of the operation the signs of serious injury were vague, and it was a question with some of the physicians present whether so serious an operation should be undertaken without more general disturbance pointing to serious injury; but the hematemesis which occurred soon after the injury, coupled with the positive evidence we had of perforation of the abdominal cavity, was sufficient to determine the necessity for the operative procedure.

The external wound, which was made with a 32-caliber ball, was situated one inch to the right of the umbilicus and apparently proceeded horizontally in the direction of the spine. The clothing was burned, but none seemed to have been carried away. The anesthetic used was the A. C. E. mixture and was well borne. The incision was made in the linea alba, extended five inches, deflected in the middle to pass through the external wound. When exposed the intestines immediately presented to view several perforations which were closed with the Lembert suture, with fine silk, and the use of fine round needles, in the order in which they came to view, with as little disturbance to the parts as possible. In all, thirteen perforations were found, requiring at least 140 sutures to close them. Upon

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the whole there was but little hemorrhage, which in a measure accounts for the slight shock the patient suffered. In most of the perforations were clots, filling completely the rent, which was in most cases circular. These plugs of dark blood were carefully pushed back into the intestine at the time of closing each wound. Some of the wounds were, owing to the obliquity at which the ball struck the intestine, an inch or more in length. They were all in the jejunum, except two or three, which were wholly in the mesentery, and one which cut the intestine and the mesentery both at the junction. One wound needs special mention. It was a wound in the mesentery near its root, in a sharp fold, where it was concealed until exposed by manipulation. It seemed to have bled but little until that time, when, upon opening the fold, a considerable-sized artery sent a jet several feet. I mention this particularly to illustrate the importance of keeping these cases quiet and of disturbing the intestines as little as possible by probing or other manipulation both before and during the operation. The wounds in the mesentery were closed by stitching from each side, inverting the cut edges of the peritoneum with the Lembert suture. In the particular case mentioned it was, after clamping the artery, necessary to ligate it, which was done with a quilting suture.

The ball was found loose in the peritoneal cavity and removed, which is not very important, except that it assures you that it has not penetrated the posterior abdominal wall to wound the kidneys, spine or other important structures, and it also affords great relief to the patient and family to know that the ball is recovered and is certain to give no further trouble. The abdomen was washed out with several pitchers full of Thiersch's fluid and closed with silk-worm gut sutures passed through the whole thickness of the abdominal wall, supplemented with intermediate fine silk sutures coapting the skin. It was remarked by all at the close of the operation how well he bore the ordeal, there being no shock, the pulse not varying and the temperature in the extremities keeping up during the whole time.

Twelve hours after the operation, and after a comfortable night, his pulse was 112 and temperature 98°. He was exceedingly nervous and fearful of results, as he had been from the beginning, and I might say here, for all, that this condition kept up, until he was able to be up. All this time he was impressed with the idea that he would not get well, and no argument would reassure him. In the first few days he required morphia to allay his nervousness more than to quiet him. Pain he bore badly on account of his nervousness and apprehensive state of mind. For twenty-four hours after the operation he received nothing into his stomach except ice or hot water. At the end of forty-eight hours was the most marked general disturbance of the whole period of his recovery. The pulse went up to 148 and temperature to 101 4-5°—the highest point reached by either. He was at that time ordered 1-60 grain strychnia every two hours. After two doses the pulse reached 124. This and several other ephemeral disturbances were attributed to the nervous state he would at times work himself up into. From that time on the temperature never reached 101°, but played up and down near the 100° line until about the end of the third week, when it gradually sought the normal point. The pulse, too, during this time very consistently fluctuated between 86 and 106, except on three occasions, when it twice reached 114 and once (the eighth day) 126. On the third day he began to take liquid nourishment (peptonized milk), and had four spontaneous movements.

Nothing worthy of note occurred until the night of the eighth day after the operation, when he began, at 10.30, to suffer great pain, tympanites and tenderness, which continued until 2.20 A. M., when I was called and found him, besides suffering pain, very much excited. This is the time referred to when the pulse reached 126, the respiration 30 and the temperature 100°. I gave him one-quarter grain morphia by hypodermic injection. Within six hours the pulse dropped to 96, temperature going two-fifths of a degree higher. The tympanites up to this time and after was considerable. What

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occurred at this time I suspect was the giving away of an ulcerated portion of the intestine, the result of bruise or interrupted circulation. I had not used drainage, and from the mildness of the symptom immediately after this little flurry I did not feel warranted in opening up the wound.

The bowels at this time and during the whole course of the recovery were inclined to be loose, having two or more actions daily. Upon the thirteenth day after the operation the first dressings were removed and the wound examined for the first time. It was found perfectly and completely united, aseptic, and the sutures were removed at this time. Two days later considerable discharge, with a bad odor, was discovered, and upon removing the dressing, gas and fecal matter was discovered issuing through the stitch holes. Restraining pads were bound on the wound, which controlled the discharge very well so long as they were in place, but he bore the pressure very badly. This was the troublesome feature in the case, and continued for several weeks, but the discharge gradually diminished in quantity, and the sinuses gradually healed until May, when it was almost imperceptible.

On the nineteenth day, for the first time, he sat up, and gradually improved in flesh and strength until his departure for his home the last of January, 1899, two months after the accident.

My remarks upon this case shall necessarily be desultory and brief. To consider in detail only the most important features of a case of this kind would consume more time than would be given with patience on an occasion like this. I shall, therefore, notice but a few of the features of this case (and others I may refer to incidentally), and that, too, in the briefest manner. I think, perhaps, it would be more profitable to consider the subject from the standpoint of the country practitioner, for it is quite different picking a man up on the streets in a large city, where you can secure the service of an ambulance and have your patient within a few minutes in a hospital, where you can have at your command every appliance necessary for the safety and comfort of your patient, than, on the other hand, to find him several miles in the country, away from railroads, away from everything aseptic, where even competent assistance cannot be procured in case an immediate operation is demanded. This brings me to speak of the grave responsibility of the physician who is called to treat such cases. The day was when the peritoneum was considered so sacred as to only be invaded upon the rarest occasions. Then the physician could make some defense for standing idly by and allow his patients to die as the result of these severe injuries, but in this day, when the statistics show that the percentage of recoveries have been brought up from about 9 per cent., to 30 per cent. or better through the application and the benefits of strict antiseptic precautions and early operations, we must all be ready to decide on momentous questions and carry out promptly our convictions. Amongst the earliest questions to confront you upon approaching any case of gunshot wound of the abdomen is whether the cavity is penetrated, whether any of the viscera are injured, whether the hemorrhage is severe enough to cause death in a very short time; if not, whether it is severe enough to require an immediate operation to save life. If not, then the question arises as to the advisability of removing the patient or operating upon the spot. These are only a few of the questions that must be settled.

As to determining whether the peritoneal cavity is perforated or not it is important that it should be done with as little local disturbance as possible. Usually profound or severe shock is presumptive evidence. Vomiting and evidences of internal hemorrhage are other important symptoms; also severe pain and tympanites. If possible, the diagnosis should be made without the use of a probe because of its liability to infect the parts and because of the danger of disturbing a hemostatic blood clot and reviving what may be a fatal hemorrhage. Perhaps in doubtful cases the safest plan would be to give the patient an anesthetic and make a careful dissection. We must not infer that the wound is already infected, for they are not necessarily, and some prominent surgeons

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of my acquaintance contend that the ball is rendered aseptic by the heat produced by the flash and friction of the ball, and that the external wound is always aseptic. Be that as it may, it is our duty to use the utmost caution, and if absolutely necessary to use a probe it should be rendered aseptic by heat or otherwise. There may be positive signs of perforation of the abdominal wall, such as feces in the wound, a worm or the intestinal juices, which are also positive evidence of perforation of the bowel, which is the next point sought to be determined. Tympanitic resonance in the hepatic region existing in a case of suspected intestinal injury may be considered pathognomonic of perforation. Emphysema is another important symptom. Hemorrhage *via* the natural outlets may be taken as positive evidence. It is gratifying to be able to say beforehand, by observing some positive symptom, that the intestine is perforated, yet, after all, I think it is not so important, for when it is once determined that the abdominal cavity is perforated I think it is the duty of the surgeon to make at least an exploratory laparotomy. I say this because an exploratory operation is comparatively harmless, and, on the other hand, the general symptoms are very unreliable as an index to the seriousness of the case. As in Mr. W.'s case, so in two others I have observed the absence of severe shock was misleading, and even caused some of the physicians present to question the advisability of performing an operation which was demonstrated to be so essential. The sooner such operations are performed under proper antiseptic and other favorable conditions the better, for it must be inferred that during the delay the abdomen is filling up with blood and extravasations from the intestine which will sooner or later produce serious consequences, either directly by loss of blood or as an exciting cause of peritonitis. And in connection with this question of an early operation arises the question, often, as to whether it is best to remove the patient a distance to a place more suitable for operative procedures or whether the danger of delay, together with the increased hemorrhage and extravasation incident to the moving (for you must know the quieter they are kept the better), would more than counterbalance the dangers from sepsis and other unfavorable conditions, are questions that can only be decided on the ground by weighing all the circumstances in the case, with a leaning towards early operations in cases of doubt. Preparatory to removing, the wound should be dressed antiseptically, padded, and a binder tightly applied to limit peristaltic action of the intestines and to limit the movements of the diaphragm in respiration, and the patient should be quieted with opiates. The surgeon should always be ready for these emergency cases, and the only way to be in a position to give the promptest service is to have a special case packed with the materials necessary and antiseptized, that you may put your hand upon it and go on the shortest notice.

In these cases it is important to distinguish the shock from nervous influence from that caused by hemorrhage. In the latter form the patient is more restless, rolling from side to side, the respiration is more interfered with, being sighing, shallow, long inspiration, with short expulsive expiration, urgent desire for air and water, more blanched buccal mucous membranes, and the pulse is more feeble.

I come now to speak of the only annoying feature of the whole case which I have reported in full, and that is the fecal fistula. It is very sobering at the end of the second week, when you begin to congratulate yourself that the dangers are all passed and you look forward to an early dismissal of the case, to have an odor of sulphuretted hydrogen greet you some morning when you make your visit, and you find, upon inspection, intestinal contents issuing from the stitch holes. And yet it is not to be wondered at when you stop to consider the difficulties of coapting and stitching a number of irregular perforations in a thinwalled viscus in such a manner as to be absolutely water-tight. Then, too, when the task is properly performed, the chances of the vitality of the intestines being so impaired from the injury, even at points not perforated, as to cause sloughing, or the vitality being so weakened by the destruction of vessels in the mesentery as to lead to a like result,

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the danger is very great. To guard against this accident from impaired circulation we are cautioned to use the utmost care in case the wound in the mesentery is injured at its junction with the bowel. If the wound at this point is at all extensive the only safe procedure is to resect that portion of the bowel so affected by the cut-off circulation. It is important to keep down tympanites. It is readily seen that a moderate accumulation in a case where the intestine has been repaired is far more dangerous than in other forms of laparotomy. For this reason it is important in the after-treatment to guard all we can against this danger. In a similar case I should adopt Dr. Ashby's plan, employed in all laparotomies, of beginning within twenty-four hours after the operation, and giving a small dose of Rochelle salts every two hours until the bowels become quite relaxed, and by the same means maintain them so. Of course, a tight binder is a valuable auxiliary in restraining peristaltic action and supporting the weakened intestinal walls.

As to the treatment of the fistula, when once it occurs, but little is to be said. All agree that in the course of a few months nine-tenths of the cases heal spontaneously. My case made no marked progress towards healing until April, four months or more after the accident. Some authorities advise the application of a compress and binder, while others advise the open method, allowing a free flow of the intestinal contents. The mode of treatment will necessarily be modified by the location of the wound in the intestine and other circumstances. In my case I selected the pad and pressure plan, and while I believe it retarded healing of the external wound somewhat, and possibly by damming up the flow externally caused a dilatation of the sinus internally and possibly the opening into the bowel, yet I considered this plan absolutely necessary on account of the high position of the wound in the intestinal tract where the intestinal contents were composed of the unabsorbed nutrient, the product of digestion, and any waste of this material in one already so reduced in strength and flesh would have been more than the system could have withstood. In the beginning I had considerable difficulty in adjusting a pad to restrain the thin discharge, but after a little experience succeeded fairly well in restraining it for several days at a time without redressing. The material best suited for the purpose I found was oakum, which, applied in a thick, solid pad over a few layers of gauze and cotton, was quite satisfactory as a compress and added its disinfecting qualities to its usefulness otherwise.

ACCIDENTAL UTERINE HEMORRHAGE.

By V. M. Reichard, M.D.,
Fairplay, Md.

HEMORRHAGE from the gravid uterus before or during labor is, barring surgical causes, due to one of two conditions. In placenta previa the hemorrhage is "unavoidable" because of the location of the placenta. When the placenta it attached to a "safe" zone of the uterus, and from any cause its attachment to the maternal structures becomes loosened, then we have that kind of hemorrhage which is known as "accidental." The comparative rarity of these cases justifies my reporting these cases.

Case 1. On December 1, 1886, was called to see Annie T., pregnant illegitimately; aged nineteen; large, very fat; os dilated to the size of a silver dollar; position L. O. A.; pains fairly good, but head not engaged; waited several hours. The os dilated fully, but the head failed to engage, though pains were hard and regular. I changed her to lateral on each side, had her out of bed, moving around the room, and kneeling, but the head failed to come down. As she complained bitterly of the pain, I suggested relief by means of forceps delivery. This she refused.

As there was no urgent indication, I patiently awaited developments. I had not long to wait. Soon she said there was "something coming away from" her. Examination revealed an alarming amount of blood escaping at the vulva. I immediately applied the forceps and without delay delivered her of a living male child weighing ten pounds, not,

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however, until she had lost a large quantity of blood. Immediately the placenta was delivered, and it, with the blood lost during and after delivery, filled a large bucket half full; no exact measurement was made, but I feel that I am safe in saying she lost three quarts of blood.

After the delivery of the placenta the flow ceased immediately and there was no recurrence. A large quantity of fluid blood was expelled with the placenta, but there were no clots of any size found. There were none of the usual symptoms of concealed accidental hemorrhage. This lack was probably due to the fact that there was no obstruction to the free escape of the blood. The latter came with such rapidity that I am confident that only the prompt resort to the forceps saved the life of the child. The puerperium was without incident.

Case 2. August 30, 1897, had been away from my office all day. At 7 P. M., on my return, I found urgent and repeated requests to call to see a woman who was flooding. Found Mrs. M., aged thirty-nine, mother of eight living children, youngest sixteen months old. Had never had professional assistance in any of her labors, all having been easy. At present she had advanced to the sixth month of her pregnancy. Upon examination she volunteered the statement that she "had been having cramps all day." The flow of blood per vaginam was free.

The "cramps" had come on in the night, and for twelve hours had been quite severe. The flow had been only slight until about 4 P. M., though there had been some wasting all day. She thought her abdomen had swollen during the day, and was sure it was larger than it had been in the morning. Palpation revealed an irregular tumor reaching slightly above the umbilicus. No movement of the fetus could be felt. In the region of the left upper and lateral uterine zones there seemed to be a positive protuberance.

Examination revealed the os dilated to the size of a silver half-dollar, and blood was freely escaping from it. The placenta could not be felt by the examining finger. The head was presenting and the membranes were intact. When I told the woman she was in labor she scouted the idea. She insisted she had cramps and not labor pains, and it was not till the head was passing the vulva that she realized that the "cramps" were labor pains, distorted by an abnormal condition.

Immediately on recognizing the condition the membranes were ruptured and the "waters" allowed to drain away. At this time her pulse was 120, weak and small. After rupture of the membranes the amount of blood escaping lessened and seemed almost to cease. The os dilated rapidly and the head came down. Her pains, though unnatural to her, were forcible and expulsive, and about three hours after my arrival she extruded a dead fetus of about six months' utero-gestation. There were no signs of maceration, and as it was exsanguine the conclusion was that death had but recently occurred and was due to the hemorrhage, which had continued more or less freely all day. The placenta was expressed and with it two large blood clots, either of which was larger than the fetus. There were in addition a number of smaller clots. With the expulsion of its contents the uterus contracted strongly and remained so. To forestall trouble she was given several positive doses of ergot by the mouth and under the skin.

When the uterus had been emptied the woman's vital powers began to flag, and she showed that her strength had been seriously drawn upon as well as that of the child. A few hours' stimulation, medicinal and mechanical, sufficed to rally her, and though her puerperium was somewhat longer than usual it was uneventful.

There are a few salient points to which special attention should be given in the study of accidental hemorrhage. If the blood escapes by the external genitals the wary physician will have received sufficient warning, and careful attention will be attracted to the uterus and its contents. But in those cases which present themselves to the physician early, and in which from various causes very little or no blood makes its appearance externally, the unwary or busy physician may be deceived, with disastrous results to the patient.

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In these cases pain, spontaneous and on pressure, will be the striking symptom —pain of an anomalous kind, cramp, but not the usual pain of cramp colic.* If with this there has been sudden enlargement of the abdomen and an irregular outline of the uterine globe it should be enough to put the attendant upon his guard and lead to an exhaustive examination and careful and constant watchfulness.

If once the diagnosis of accidental hemorrhage has been made no woman should be left until she is perfectly safe. If there are no labor pains and no escape of blood, and her condition is good, the attitude should be one of "armed expectancy." If she is in labor the delivery should be hastened. If she is not in labor, and the flow is at all profuse, and she is flagging, I should not hesitate to use rapid dilatation and prompt delivery under an anesthetic. Under these circumstances the physician who hesitates between mother and child is unmarried or has forgotten his "as ye would that men should do to you."

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

VIII.

THE FOUNDERS FROM THE WESTERN SHORE OF MARYLAND.

ASHTON ALEXANDER, one of the most distinguished of the founders from the Western Shore and the first secretary of the Faculty, was born near Arlington, Va., in 1772. His ancestors owned large tracts of land near the Potomac. The prominence of his family in that section is shown by the fact that they gave name to the town of Alexandria. His father commanded a company of cavalry in the Revolution. He received a good classical training at private schools and then began the study of medicine under Dr. Philip Thomas of Frederick City, Md., one of whose daughters he afterwards married. He attended lectures at the University of Pennsylvania and received the degree of M.D. from that school in 1795, his thesis being on "The Influence of One Disease in the Cure of Others." While in Philadelphia he was an inmate of the family of Dr. Rush. He settled to practice first in North Carolina, but removed to Baltimore in 1796. For many years he resided on Fayette street, just east of Calvert. On the organization of the Medical and Chirurgical Faculty in 1799 he was present as a delegate from Baltimore and was elected the first secretary. He held this position only two years, resigning at the same time as the first president, Dr. Upton Scott. He was also a member of the first board of examiners. He was one of the attending physicians of the Baltimore General Dispensary, 1801-3, and was president of the city board of health, 1804-5, and again in 1812. In 1819-20 he was president of the "District Medical and Chirurgical Society," and as such presented to the city a report of the yellow fever then prevailing. He was a member of the committee on prize essay appointed by the Medical and Chirurgical Faculty in 1822. He was provost of the University of Maryland from 1837 to 1850, succeeding the Hon. Roger B. Taney.

For some years prior to his death he had retired from practice, and probably interested himself in the cultivation of the soil, as I find articles by him in the *American Farmer* on "A Substitute for Lamp Oil," "On Raising Thorns" and "On Hedging." At the annual convention of the Faculty in June, 1853, with Dr. Samuel K. Jennings, he was a specially invited guest, being then the last surviving founder of the society. They were received with great honor, and Dr. Alexander, having been introduced, arose and returned his thanks, saying that no

*While this paper was in press I had the opportunity to study carefully this pain in two cases, each in the sixth month of utero-gestation. The pain, which was severe, would intermit completely and the woman was entirely comfortable. After an interval varying from five to fifteen minutes it would recur, and the woman would give expression to the most bitter complaints. Nothing of the fortitude of an ordinary labor was present. There would occasionally be a clot extended when the relief would be instant. Both cases on delivery of placenta showed where the partial separation had taken place.

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event in his life had gratified him more than their invitation; that he had always taken a deep interest in the Society and had had the honor of being their first secretary and afterwards one of the board of examiners. He concluded by assuring them that he would always feel an abiding interest in the welfare of the organization. He was compelled to leave from exhaustion, the whole convention rising as he passed from the hall. A resolution was adopted that the Faculty felt great gratification in the presence of these gentlemen. Dr. Alexander died in Baltimore in February, 1855, of pneumonia, after ten days' illness. He was twice married, first in 1799, as already stated. He married again in 1855, his second wife being Miss Merryman. Dr. Alexander was a man of fine physique and of dignified and courtly manners. He was successful in practice and prospered financially. His practice was among the wealthy and fashionable, and he was fond of society and of dining out. It should not be inferred from this that his virtues were limited in their operation; he is described as a man of great charity and kindness of heart. He was above the medium height and possessed a robust, hardy, almost an iron, constitution. His manners were gentle and soothing. He was self-possessed, his sensibilities were lively and acute and his taste refined. He was in this respect most admirably adapted for the profession which he had chosen. He was particular and neat in his personal appearance and a strict observer of the proprieties of life. He possessed those silent and social virtues which are considered as ornaments of the character and render man agreeable to his associates. He commanded the respect and esteem of the public as well as of his professional brethren. At his request his burial was private and unostentatious.

JAMES ANDERSON of Montgomery county.—Dr. Anderson (who bears no relation to the Kent county founder) was the son of James Anderson, a farmer of Charles county, Maryland, who removed to Montgomery county in 1754. There, in 1760, in a house still standing a mile distant from Rockville and still occupied by the family, the subject of this sketch was born. His mother's maiden name was Briscoe. At the age of sixteen he joined the Continental army, in which his brother Richard was then serving as captain. His military career was cut short by an attack of smallpox, which at that day was almost constantly prevalent. He attended lectures in the University of Pennsylvania during the session 1789-90, and began practice at Rockville in 1791. He met with great success and had a large and lucrative practive covering a hundred square miles, and was frequently called to attend patients far beyond these limits. During this busy period his eldest son, although destined for the law, put up his prescriptions. Dr. Anderson exhibited a great aversion to change, and continued to practice inoculation until 1814. He also insisted on the use of the terms pounds, shillings and pence up to the time of his death. His account books, which have been preserved, contain the record of every dose of medicine, and show that his practice was greatly varied and not simply confined to calomel and the lancet, as some assert of the older physicians. It is interesting to note among his charges that he uses the expression "reducing a fracture," not "setting a leg," or "limb," as was common. It is interesting also to observe his method of conducting his financial relations with his patients, so different from that which has so commonly prevailed among country physicians in the past. Before going to visit anyone about whom he was in doubt he required security for the payment of his bill, and all accounts had to be settled at the end of each year either by cash, note or judgment. He died May 9, 1836, and was succeeded in practice by his son, Dr. John Wallace Anderson.

THOMAS ARCHER of Harford county was the oldest son of the celebrated John Archer, M.B. He was born at his father's place, "Medical Hall," February 23, 1768. He became a pupil of his father and graduated with the degree of M.D. in Philadelphia in 1788. He practiced in Harford county, and died there October 7, 1821. For many years he was an invalid. He had a very high reputation for honor and integrity. "No human being," says one writing of him, "could lay a wrong at his

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door." Dr. Archer married Elizabeth Phillips, by whom he had one son and three daughters. His son, John Thomas Archer, was born 1810; took A.B., St. John's College, 1829; was pupil of his uncle, Dr. R. H. Archer; graduated M.D., University of Maryland, 1833; practiced in Harford county, but removed to Baltimore, 1848, where he died, 1851.

Society Reports.

THE BALTIMORE COUNTY MEDICAL ASSOCIATION.

MEETING HELD THURSDAY, JULY 20, 1899.

THE July meeting of the Baltimore County Medical Association was held at the Town Hall, Roland Park, Thursday, July 20.

A committee of the ladies of Roland Park, Mrs. L. Gibbons Smart, Mrs. John R. Winslow and Mrs. H. F. Cassiday acting as chairmen, entertained the visiting physicians with an appetizing luncheon.

After the luncheon Mr. Bouton, the general manager of the Roland Park Land Co., took charge of the members of the association, conveying them over the beautiful broad avenues of the Park. The members were particularly interested in the Waring system for the disposal of all sewage from the Park. This particular plant was constructed under the immediate direction and supervision of Colonel Waring and is considered the best practical demonstration of Colonel Waring's ideas in this State.

Before returning to the hall the members were entertained by the board of governors of the Country Club at the clubhouse.

At 5 P. M. the association was called to order by the president, William J. Todd, in the chair.

Drs. J. S. Woodward and G. C. McCormick of Sparrow's Point, C. Irvin Hill of Arlington and J. H. Drach of Butler were elected active members.

Dr. William J. Todd exhibited a portion of a tin can in which a gentleman confined a lighted cannon cracker on the Fourth of July, and after the explosion he found he had sustained a deep incised wound in the thigh, the explosion of the cracker having carried about one-third of the can a distance of some thirty feet, inflicting this dangerous injury. The wound was dressed antiseptically and the patient made a good recovery.

Dr. Todd spoke of the large number of accidents and deaths in the United States resulting from the use of the cannon cracker, and advised that the sale of the same be prohibited by law.

Dr. Charles G. Hill advocated the restriction by law of the sale of cannon crackers, dynamite bombs and the use of noise-provoking explosives. He spoke of the woeful effects of tetanus produced through the use of the toy pistol by children in New York city, and the great loss of life through the country on the Fourth of July, due to cannon crackers and toy pistols; he further stated the absence of tetanus in Baltimore at this time was due to the fact that the sale of the toy pistol was prohibited.

Dr. B. B. Browne said it was important that the medical profession should take hold of these matters and throw the weight of their opinion against the use of such dangerous explosives.

Dr. Jackson Piper spoke of the distress of mind fireworks caused timid persons and the dread of fire to property-owners.

Dr. J. H. Drach said that in the large centers of population fire crackers and toy pistols were a menace and danger to life, limb and property.

State's Attorney John S. Ensor, who was present by invitation of the association, was called upon for the legal aspect of the case. He stated there was no law in Baltimore county to prevent the sale of explosives. He said further "this association is recognized as a potential power of thought in the county, and that thought makes laws and safeguards for the protection and welfare of humanity, and from your own observations of the evil effects of the fire crackers you should be able to speak intelligently and fully on the subject.

Dr. Charles G. Hill offered a resolution that a committee of three be appointed to draft a resolution relative to the indiscriminate sale of dangerous explosives in the shape of crackers, bombs, etc.

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Drs. Hill, Piper and Todd were appointed on that committee.

Dr. A. Louis Naylor of Pikesville read a short biographical sketch of Dr. Thomas Craddock, which was written from notes furnished by Miss Kate Craddock, a descendant of Dr. Craddock.

Dr. S. K. Merrick, in discussing the paper of Dr. Naylor, spoke of the opportunities the county practitioner had of delving into other mines than that of medicine, and noted the success of many eminent medical men in the domain of literature.

Dr. W. P. E. Wyse of Pikesville read a paper on "The Management of the Sick-Room," which was discussed by Drs. Hill and Browne.

Owing to the lateness of the hour the reading of the other papers on the card of the day were postponed until the August meeting.

Dr. H. B. Stevenson called the attention of the association to the law which requires physicians to report all contagious and infectious diseases, all births and deaths taking place in Baltimore county to him as secretary of the county board of health. He stated that the law was overlooked or ignored by the city physicians who are called into the county to prescribe. The law is imperative, and a failure to report promptly subjects the practitioner to a fine.

Before adjourning the association was invited to meet at Govanstown for the August meeting by Dr. E. M. Duncan.

Medical Progress.

Bacteriology of the Skin.—Before the last meeting of the American Dermatological Association Dr. T. Caspar Gilchrist of Baltimore presented the results of bacteriological examination of 300 vesicular and pustular affections of the skin, with some inoculation experiments.

The following is the result of his work as reported in the Philadelphia Medical Journal:

Impetigo Contagiosa. — Seventeen cases examined. The streptococcus was found in every case; in ten in pure culture; in others associated with staphylococcus pyogenes. The pseudo-diphtheria bacillus was found in two cases. The results confirm those of Larue, who found streptococci in 220 out of 270 cases. The streptococci found are not so virulent as those in erysipelas. Inoculated mice die in a week or ten days, and the organism can be recovered from the heart.

Tricophytosis.—The ringworm fungus is certainly capable of producing pus. After thorough antiseptic cleansing of the skin, Gilchrist scarified the arm of a subject and rubbed in a pure culture of the tricophyton megalosporon echothrix. There developed in a few days an eczematous patch, with small pustules at the sites of hair-follicles. Cultures made from these pustules gave a pure growth of the tricophyton fungus. This experiment was repeated, another subject being inoculated with pure culture taken from the pustule. In two weeks there was formed a large eczematous-looking patch with surrounding pustules around the lanugo hairs. The hairs were found to contain the mycelia and spores of ringworm. A smear-slide from the pus failed to show micrococci. The evidence is conclusive that the tricophyton fungus may produce pus.

Furunculosis.—Twenty cases examined; staphylococcus aureus was present in every case. The organism appeared in the smear-preparation as a diplococcus.

Scabies.—Nine cases examined; the pustules were in four cases due to the streptococcus, in two cases to mixed staphylococcus and streptococcus, in two cases to staphylococcus albus and in two to staphylococcus aureus.

Superficial Whitlow.—From the vesicles there were found in one case streptococci, one case staphylococcus albus and one case staphylococcus albus and aureus.

Sycosis.—Pustules showed staphylococcus aureus.

Syphilis.—Nine cases examined; pustules showed streptococci and staphylococci.

Vesicles produced by carbolic acid and croton oil were sterile, as were also those in dermatitis venenata (eleven cases), herpes zoster, pernio and erythema multiforme.

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Eczema.—Twenty-eight lesions from nineteen cases examined; in four cases out of five vesicles examined were sterile; thirteen cases of eczema madidans gave staphylococci.

Acne Vulgaris.—Ninety pustules from fifty-three cases examined; forty-nine cultures made on agar were sterile, thirty-one gave staphylococcus epidermidis albus; on nine tubes from nine cases a bacillus was grown. This bacillus was found in all of the ninety cases in the smear-preparation. Gilchrist looks upon this bacillus as the cause of the acne lesion. He claims that the growth on agar and glycerine-agar only takes place when the pus is deposited in a clump upon the medium and not spread on the surface. The staphylococcus epidermidis albus so frequently found was due to contamination, the result of faulty technique, and was not found when the precautions were strict. The organism is a short, thick bacillus; does not grow on gelatine or milk; grows fairly luxuriantly on agar and glycerine-agar, where it is seen to branch; invisible growth on potato; the bacillus is motile, has no capsule and is not decolorized by Gram's stain. Inoculation experiments are at present being made.

* * *

THE PYROSIS COUGH.—Pechkranz (British Medical Journal) draws attention to the connection between cough and pyrosis. This form of cough has nothing to do with the "stomach cough," which is supposed to be produced reflexly by irritation of the gastric mucous membrane. For the production of the pyrosis cough it is necessary for the fluid to ascend at least into the pharynx, if not actually into the mouth, and not to stop short in the esophagus behind the sternum, as it frequently does in cases of heartburn. As the larynx is passed by the burning, generally acid, fluid, its most irritable spot, the interarytenoid space, is stimulated. The fit of coughing thus set up is generally extremely violent in character, though the individual coughs may not follow one another very rapidly. Pechkranz has observed a sufficient number of cases, including his own, to convince him that pyrosis cough is a common phenomenon in all gastric affections accompanied by hyperacidity, whether from hyperchlorhydria, as in gastro-succorrhea or gastric ulcer, or from fermentation, as in carcinoma and gastric catarrh. He has not been able to find any reference to it in the text-books.

* * *

TESTING STOMACH CONTENTS.—Dr. Wm. H. De Witt gives in the Journal the following novel device for securing a small quantity of the contents of the stomach for examination: "Take the long end of a largest-size empty capsule; into this crowd or condense as much as possible of fine sponge, to which is attached a fine silk thread of sufficient length. The capsule is then closed and the patient allowed to swallow the same. After sufficient time has elapsed for the capsule to dissolve the sponge is removed by the string. The sponge will be found to have absorbed a sufficient amount of gastric contents for all practical purposes. In this way tests can be made for free hydrochloric acid, or, indeed, for anything else that may have been taken into the stomach. This method is original with me; I do not know whether others have used the same device or not. It will, I am quite sure, be found a very convenient and practical method. Several capsules prepared in the same manner and swallowed would furnish a sufficient quantity of gastric juice for any and every purpose."

* * *

PHENOCOLL HYDROCHLORATE. — Dr. Salvatore Satullo remarks in the American Journal of the Medical Sciences that although much stress is laid upon the antipyretic and analgesic properties of this drug, he has found it valuable in the treatment of malaria and rheumatism. For the former he regards it as almost a specific, a true substitue for quinine, and particularly to be used in case of idiosyncrasy or gastric disturbances. In pregnancy, when quinine is contraindicated, this is an important remedy. The dose is from twenty to thirty grains daily, preferably before the febrile attacks. In rheumatism its effects are noteworthy, whether the disease is acute or chronic, and it is always to be preferred to the salicylates when cardiac weakness exists or threatens. The daily amount is one drachm.

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MARYLAND

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PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, AUGUST 5, 1899.

Yellow Fever Again.

APART from its value for campaign purposes to those citizens constitutionally "agin the administration," who predicted that the conquest of Cuba would be followed by fearful tropical epidemics in the United States, the outbreak of the past week in the National Soldiers' Home at Hampton possesses many points of interest. The taking down of some thirty-odd of the inmates with yellow fever in a space of ten days would indicate considerable intensity in the poison (even in the absence of "filth"), and the almost complete cessation in its spread at the end of the period mentioned speaks well for the controlling power exerted by expert sanitarians over the extension of this disease, to which formerly only frost or the absence of further susceptible material were considered a sufficient check.

It is true that these thirty-odd cases may be only the first circle of infection, and that many other persons may have received the poison, now in its incubation stage. But other recent experiences prove that expert sanitation is a barrier to the infection of yellow fever in so far as it can be applied in a community. The seven deaths are no more than might be expected in feeble or generally broken-down patients.

Those who desire to refer to the last epidemic in Mississippi and adjacent parts are referred to the article in our issue of October 2, 1897, by Dr. A. K. Bond, in which a summary of the course, diagnosis and treatment are given, with some remarks on Sanarelli's alleged identification of the germ.

Unfortunately, the claims of this author touching the germ and his serum-cure are not considered as yet proven. According to Dr. Wasdin (*Medical News*, December 3), the serum is rather harmful in its effects.

Dr. Fulton, secretary of the State Board of Health, said concerning the large outbreak at Hampton: This local epidemic, as large as it is, does not at present threaten the health of Maryland. The chief cause of uneasiness, affecting the towns immediately around Hampton, is the fact that the early cases at the Soldiers' Home were not recognized, so that precautions were not taken until quite recently. The Home is much visited by tourists, but the reservation is so large that there are few chances that visitors may have come into the immediate vicinity of sick persons. Cases of illness of whatsoever sort go to hospital for treatment, so that the cases of yellow fever have at no time been scattered about the reservation.

The inhabitants of the reservation are mostly old derelicts of the United States military service, who are not likely to be visited often by friends or relatives. The place is well officered, and the discipline such that isolation can be practised in the most effective manner. Besides, the United States Marine Hospital Service is in charge of the outbreak, and this is one of the most efficient arms of the national government. Lack of reliable information is the chief cause of fear to neighboring communities, but there can be no doubt that the United States Marine Hospital Service will furnish full and frank reports.

There are at Hampton no commercial interests to be conciliated by a policy of concealment, nor any stupid or perverse public functionaries to obstruct the sanitary administration. In short, only the towns about Hampton are just now in the danger zone, and the next twelve days will show whether they have been infected.

A large city like Baltimore trafficking with infected cities must depend largely for her safety on the vigilance of practising physicians. Very few of our practitioners have any

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first-hand acquaintance with yellow fever. In this latitude any physician might without discredit be in serious doubts about the diagnosis of even a marked case of the disease, but it would be extremely discreditable to have no reasonable suspicions during the progress of a case of yellow fever.

It is well worth while for Baltimore doctors to post themselves concerning the clinical appearances of yellow fever, and to bear in mind that the text-book type of yellow fever is not found in the tropics any more frequently than the text-book typhoid in our own climate. A very good account of the many guises of yellow fever may be found in a collection of papers on the subject published by the United States Marine Hospital Service, and obtainable either at the Faculty Library or on application at the Surgeon-General's office in Washington.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 29, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	..	18
Measles	8	1
Whooping Cough	2	..
Pseudo-Membranous Croup and Diphtheria.	16	5
Mumps	..	..
Scarlet Fever	6	1
Varioloid	..	..
Varicella	2	.
Typhoid Fever	*5	2
La Grippe	..	..

*2 cases imported.

Dr. L. F. Barker's book on the "Nervous System" and Dr. Thomas S. Cullen's book on "Cancer of the Uterus" are to be published in Montreal very soon.

The Continental Anglo-American Medical Association met at the same time as the British Medical Association at Portsmouth, England. Dr. William Osler of Baltimore presided.

Dr. J. Royston Green, who was graduated at the University of Maryland last spring and who has settled at Towson, Md., is acting physician to the Hospital for Consumptives during the summer months.

The death is announced of Dr. George W. Wayson of Baltimore. Dr. Wayson was born in Anne Arundel county, Maryland, in 1819, and received his degree at the now extinct Washington University School of Medicine in 1846.

Dr. Charles J. Maddox, an old and well-known physician of Rockville, Md., died at his home last week, aged eighty-one. Dr. Maddox received his early education at Georgetown University and his medical degree at the University of Maryland in 1843.

The dispensary of the Johns Hopkins Hospital is being enlarged by the tearing down of interior walls and the taking in of an alcove twenty feet square. The trustees of the hospital have also decided to equip the hospital with an ice plant with a capacity of about ten tons daily.

The Health Department of Baltimore proclaims through printed announcement that all children entering the schools, public and private, must present a physician's certificate showing date of successful vaccination. Those not able to present such evidence will be denied entrance until successful vaccination is performed.

Charges have been preferred by the Maryland State Board of Health against Dr. James S. Woodward of Sparrow's Point for violation of the law relating to notification of infectious disease, in failing to advise the State health authorities of the existence of a case of smallpox at Sparrow's Point in May last. The case will come before the grand jury in the fall, and is the first prosecution of the kind in the State outside the city of Baltimore. The following is the enactment relating to infectious diseases, chapter 436 of the Acts of 1898: "Whenever any physician knows that any person whom he is called to visit is infected with smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, yellow fever, measles, whooping-cough or any other contagious or infectious disease, dangerous to public health, he shall immediately give notice thereof in writing over his own signature, to the Board of Health of the city or town or county in which such disease exists; and if he refuses or neglects to give notice he shall be fined not less than fifty nor more than two hundred dollars."

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Washington Notes.

Drs. G. N. Acker and S. S. Adams are summering at Mountain Lake Park.

Acting Assistant Surgeon J. E. Disney, U. S. A., is ordered to accompany the Nineteenth U. S. Infantry to Manila.

Dr. Daniel McCarthy has succeeded Dr. W. C. Gwynn as resident physician of the Georgetown University Hospital.

Dr. John Van Rensselaer has been appointed to succeed Dr. E. Tompkins as member of the board of pension examining surgeons.

Dr. H. A. Dunn, assistant surgeon, U. S. N., has been detached from the "Panther" and ordered to the Washington Navy-Yard.

Dr. Wm. C. Woodward, the District health officer, has taken active precautions to prevent an outbreak of yellow fever in this city. There are two experienced men detailed to inspect the Norfolk boats and the trains arriving from the South.

Chief Surgeon Woodhull has recommended the employment of forty additional surgeons for the military force in the Philippines. Major-General E. A. Otis, however, disapproves the measure. What a good thing it would be if the General could only spend a few quiet days with the Vice-President!

Dr. R. L. Lynch has been appointed sanitary and food inspector, with especial reference to enforcing the act for the prevention of smoke. The law went into effect August 2, and is to prohibit the emission of dense black or gray smoke from any engine or furnace within the District. There is a fine of from $10 to $100 for each and every offense, and each day the law is violated is made a separate offense.

Book Reviews.

TREATISE ON HUMAN PHYSIOLOGY. For the Use of Students and Practitioners of Medicine. By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Philadelphia, etc. Second edition, illustrated with 595 engravings. Pp. 9 to 924. Price $4.25. Philadelphia: Lea Bros. & Co. 1899.

The fundamental plan of Chapman's "Physiology" remain unchanged, but the book has almost altogether been rewritten. There is much new matter, but the condensation has made no increase in the number of pages. The most marked changes are in those parts concerning physiological chemistry and the functions of the nervous system.

PROGRESSIVE MEDICINE. Vol. II. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth. Pp. 472. Fifty-six illustrations and three full-page plates. Philadelphia and New York: Lea Bros. & Co.

This volume contains monographs by the following: William B. Coley, "Surgery of the Abdomen, Including Hernia;" John G. Clarke of Baltimore, "Gynecology;" Alfred Stengel, "Diseases of the Blood, Diathetic and Metabolic Disorders, Diseases of the Spleen, Thyroid Gland and Lymphatic System;" Edward Jackson, "Ophthalmology." The illustrations add to the value of the text, and the index makes the volume especially useful.

REPRINTS, ETC., RECEIVED.

Sympathetic Ophthalmia. By W. K. Butler, M.D. Reprint from the *Medical News*.

Anthropological Investigations on 1000 White and Colored Children. By Dr. Ales Hralicka.

The Third Annual Report of the Hospital of Crippled and Deformed Children of Baltimore City. 1898.

Corpulence and the Fatty Heart. By Thomas E. Satterthwaite, M.D. Reprint from the *Post-Graduate*.

The Seventh Annual Report of the Sheppard and Enoch Pratt Hospital for Mental and Nervous Diseases. 1898.

On a Polymorphous Cerebral Tumor. By Claribel Cone, M.D. Reprint from the *New York Medical Journal*.

The Absolute and Permanent Cure of Tonsillitis. By Edwin Pynchon, M.D. Reprint from the *Alkaloidal Clinic*.

A Rapid and Successful Treatment of Chronic Ulcers of the Leg. By A. H. Ohmann-Dumesnil, M.D. Reprint from the *St. Louis Medical and Surgical Journal*.

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Original Articles.

SPECIAL SCHOOLS FOR SPECIAL CHILDREN.

By Samuel J. Fort, M.D.,

Superintendent Font Hill Private Institution for the Feeble-Minded.

READ BEFORE MARYLAND PUBLIC HEALTH ASSOCIATION, MAY, 1899.

AS EARLY as November, 1892, the minister of public education in Berlin published an order referring to the fact that in several cities of the kingdom of Prussia the local school authorities had arranged for separating from the majority of pupils children intellectually slow and dull, but otherwise normal, and by no means to be confounded with idiots, by establishing either special schools for them or separate classes in large schoolhouses. He particularly emphasized the consideration that the pupils to be selected for this special instruction should not be idiots—that is, children so entirely defective as to be suitable only for asylum care—for such children had no place in the public schools, but such children should be selected who are a "dead weight" in schools, failing to be promoted because of their inability to keep pace with average pupils. Such children might be benefited by methods specially adapted to their weakness, and the course of study might be altered or curtailed to suit their capacity. He furthermore insisted that every pupil assigned to these special schools or separate classes must be subjected to a careful physical examination by a physician to determine whether their intellectual weakness be not the result of defective senses, or other causes, that might be removed. He closed his order by calling for a report from every school inspector in whose district such an establishment exists.

In 1894 was published the result of this inquiry, and showed that eighteen cities of the kingdom maintained such special schools or classes, and that while in previous years these classes had been partially filled with children morally unsafe. these had lately been withdrawn and now only children of dull intellect were thus treated separately. These were pupils who, during an attendance of two or three years in graded schools, had given evidence that they could be taught, but were unable to keep pace with normally-endowed children.

The figures given for 1894 are as follows: Eighteen cities, twenty-six institutions, 700 pupils, forty-three male, twenty-one female teachers, and an average of about twenty-four hours' work per week per school.

In August, 1896, a school report showed an increase to twenty-seven cities and the number of pupils had increased to 2017.

In 1896 a royal commission known as the "Committee on Defective and Epileptic Children" was appointed by His Grace, the Duke of Devonshire, and directed to report as fully as possible upon the expediency of separating feeble-minded and epileptic children from otherwise normal children in the public schools of Great Britain, and the report of this commission, published in 1898, is an extremely thorough and scientific study of two classes of defectives that have been studied only by experts whose lives have been devoted to the care and training of such children, and while the half-century of work done by these men

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and women have wrought results of great value, it is but recently that the general public have become interested. These reports and the work done abroad, combined with the work done in this and other countries, probably marks an era of marked advance in this line of sociologic and psychologic study. That it is a subject of national importance must be admitted. When we contemplate the enormous army of quite 100,000 feeble-minded individuals in the United States, and realize that only about one-twentieth of this number is under any sort of training, and further realize that with every 800 normal-minded added to our population there is one more feeble-minded recruit; when we contemplate what I believe an indisputable fact, that not less than 1 per cent. of our public-school children need special training by reason of their inability to keep up with the average of their companions, and further, if we study the inmates of our reformatories and come to the conclusion that a large percentage of these boys and girls are below the normal standard of mentality, it becomes necessary to consider what shall be done for these people. We are beginning to believe that the State must assume the care of the dependents in all their varieties, and while there are two points of great importance to the taxpayer and citizen, one how to prevent further additions to this class, the other how best to care for and train them into an ability to produce all or a part of their subsistence, I can only take up the discussion of the latter point so far as it concerns two sub-classes of defective children.

It is unfortunate that we have not yet decided upon a definition of the term feeble-minded; perhaps it is impossible, in that the term covers all grades of mental deficiency from the high grade, which the elder Seguin naively described as being so near to normal mentality that even good judges could not tell the difference, down to the low grade, whose total mental development by training has resulted only in a certain amount of ability to do elementary work, such as sweeping or scrubbing floors. Kerlin gives us the most succinct classification yet known. He divided as follows:

- Feeble-minded
  - Imbecile
    - High grade.
    - Middle "
    - Low "
  - Idio-imbecile.
- Idiot . . .
  - Noisy.
  - Apathetic.

But this was made strictly from asylum cases, and of these it is not necessary to speak, further than to say these are usually recognizable by even the inexpert, and should be placed in institutions for the feeble-minded.

It is not to these cases I desire to call your attention, but simply those already mentioned in the two reports from Great Britain and Prussia, those who, by reason of some deficiency, are unable to learn by the ordinary methods of instruction. These might be classified somewhat as follows:

1. Delinquents.
   - Incorrigibles.
   - Truants.
2. Dullards.

I am not quite prepared to state that all delinquents are *per se* defective mentally, though I am fully convinced that they need a better and more scientific training than usually given in the present type of reform schools.

Probably all defective children are delinquent to a greater or less degree, but there are a large number of delinquents who are suffering from lack of proper environment rather than from a serious lack of brain matter, and any movement looking to a recognition of their claims for proper mental, moral and physical development should have the unqualified support of every thinking citizen. We have only to study our own children and think for a moment of what they might become in their relations to society if not surrounded by the advantages we are able to give them to better understand what these neglected members of the body politic need to make them honorable, self-respecting home-makers.

Time and space forbids closer discussion of the needs of the delinquent classes. As I have already stated, a large percentage should have been recognized as mentally deficient and placed in

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proper institutions rather than in the reformatories of our States. Still they are at least having some training, and that is better than none at all. Perhaps the day is not far distant when we shall be able to do better by this class than now.

How can the dullard be recognized?

The teacher, as a rule, can pick out a large percentage, and competent medical men could readily sift out the balance. This in itself is a plea for competent medical oversight of our public schools, for surely we must relieve the teacher of every handicap if we would demand the best work, and while unhygienic schoolrooms are a decided handicap, let the teacher tell us how a dull, apparently stupid boy or girl hinders all school work; how every plan for any grade must be shaped with regard to its effect upon the dullard. A butt for his brighter companions, perhaps mentally competent to enjoy mischief without due realization of its consequences, or maybe bright enough to acquire just sufficient knowledge to become a dangerous element in his rank of society without a corresponding growth of judgment and moral strength to keep within the bounds of propriety.

The teacher, then, in consultation with a competent medical inspector, would probably sift out the incompetents without much trouble.

The British report mentioned does not discriminate between feeble-minded and ordinary children until after the age of seven years. I would take issue with this point, for my experience leads me to believe that properly-equipped kindergarteners who have to deal with the public kindergartens are quite capable of recognizing backward or feeble-minded children, and while the same methods as pursued with ordinary children up to the age of seven are justly said to be proper for the feeble-minded child of the same age, I fail to understand how anyone with experience could possibly believe any system of training or teaching applicable to a feeble-minded child of any age without modification to suit the individual. Here is just where the matter hinges, the fact that the feeble-minded child demands an individual training and special attention to his personal equation, admitted by these experts to be apparent after the age of seven, but I submit that our experience with the kindergarten system, as exemplified by our best kindergarteners, has proven beyond question its value to the child under seven, and I cannot help but believe that the younger a feeble-minded child is placed under training the better for the child and the better for his future trainers.

There are many children now hopelessly beyond anything in the shape of disciplinary training, who might have been more valuable as workers had they been taken in hand at an earlier age.

The teacher in the special school must be well trained, even though born to the work, as many seem to be. They should have the qualification of sound physical health to begin with; otherwise personal idiosyncrasies are bound to crop out and react in the classroom. An even disposition is incompatible with imperfect digestion. Boundless tact, originality and perseverance are absolutely necessary. Personal appearance has much to do with the ability of any teacher; neatness of person and dress commands respect and helps produce obedience, both elements of success. I fancy that women will make the best teachers of these special classes; it has proven so in all our institutions for the feeble-minded, but whether male or female, the teacher should be well grounded in the elements of manual training and drawing, if possible a trained kindergartener, and would do no harm if she had some knowledge of nursing. With this let her be able to walk, run and jump, for how can she set the pace for her class unless able to do what she wants her pupils to do.

The Hours.—Naturally in dealing with such children we must be careful not to unduly prolong the day's work. Neither can we with propriety overdo the time given to any one exercise. In Germany about twenty-six hours are spread over six days; in London, twenty-five hours per week of five days, two hours noon interval, fifteen minutes recesses morning and afternoon.

It is quite probable that two and one-half hours in the morning, exclusive of

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two 10 or 15-minute recesses, and two hours in the afternoon, with at least one and one-half hours between the two sessions, will be found the proper hours.

Course of Instruction.—In mapping out a course of instruction for such schools it becomes somewhat difficult to decide just what shall be the eventual object of the school training. If we are dealing with a mind that can be developed so that its owner does really come to a mental maturity, we must be prepared to do more than we would if our only hope was to prepare the mind for a life residence in an institution for the defective. Is it not a solemn problem for us to solve? Can we accept a theory that there are brains whose cells are simply latent, and under proper training will come to a condition enabling them to earn a living for the owner, and not only this, but become so nearly normal that children of such a man or woman will be stronger mentally rather than weaker than their parents? This is what we have to consider and judge wisely. The evils of heredity of alcohol, syphilis, tuberculosis et al. are known and appealing to legislators to regulate the laws of marriage and thus in a measure stem the tide of defectives arising from these sources, but can we submit even these trained dullards to the test of progeny? I doubt it, but let us see what is the best method of training such minds as are found in our school.

The elementary training must of necessity be specially adapted to the child, and, so far as my own experience goes, I would limit the primary work to reading and writing, with special work in arithmetic that would simply be supplementary to what I am a firm believer in as the proper sphere of such children, viz., manual training.

The schedule would be almost entirely optional with the teacher, with this proviso, the most difficult mental work should come in the morning, that no lesson should occupy over thirty minutes, that each lesson should be preceded by short physical exercises. These I will speak of later.

As these children vary greatly in their mental development at any given age, hence the wisdom of giving the teacher more or less latitude in assigning work to any given pupil.

The choice of instruction when we come to manual training is large and continually growing. For the younger children all the occupations of the kindergarten; for the older boys, woodwork, basket-weaving, machine-sewing and knitting, bookbinding, shoemaking, mattress-making, caneseating, brush and broommaking; for the girls, needlework, cooking and laundry work, with some of the lighter handicrafts usually taught the boys.

There are more reasons than one why manual training is of especial value in the schools under discussion. It is well known by oculists that a large proportion of our public-school children have defective vision, and that these defects, particularly myopia, increase with the advancing grades of the schools; those who deal with the ear likewise find aural defects, and it is safe to say that there are many, many dullards, simply because of physical handicaps, such as have been mentioned. Now training the eye and hand, as is done by instruction in mechanic arts and drawing, lends us most important aid as a means of diagnosis of these defects, and here again comes in the great value of trained medical supervision of all schools; for when the teacher discovers a gross defect, the pupil being examined by the medical man in charge has his difficulty diagnosed and treated.

Another point, we can judge very much more closely of the results of good or bad work with tools and upon material than is possible to size up the ordinary work of the classroom; the teacher sees the mistakes, the child sees the same thing, and not only that, in many cases certainly the teacher notes the reason why the mistake has been made, and the child can be shown more readily how to correct it. There are no rules to memorize, no intricate theory involved; it is a plain use of easily-perceptible facts; the corner is not square, it is not an angle, nor a geometrical problem; it is two pieces of wood and a piece of iron; all three must agree in a certain way, easily seen and understood, still more easily corrected by the aid of a few touches

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from the knife. Now, the child may never appreciate the full value of the operation completed satisfactorily to his teacher and himself, but see the possibilities offered to an acute observer as the teacher must be? Is there misunderstanding of instruction or direction? Are there sensory defects of any kind? Is there actual deficiency of mental ability? The teacher may possibly not recognize the exact reason for the results obtained, but there must be a pointer towards the seat of the trouble, and certainly enough would be learned to aid in modifying the work, if necessary, or aiding the pupil in some other way to overcome his disability.

The late Francis A. Walker, president of the Massachusetts Institute of Technology, well known in Baltimore, says of manual training: "What orthopedic surgery is to the body, such, I believe, manual training in childhood is to the mind. I care comparatively little for its influences upon eye or hand. Its chief work, in my view, is educational, and in educational work I place foremost its power of rectifying the mind itself, of straightening the crooked limb, so to speak, of straightening the weak joint, of healing the lesion which, if not cured, will proceed to deep and irreparable injury. Not one of us but has seen seemingly hopeless cases of deformity and weakness in childhood completely cured by the splints, the massage, the fomentations and the heroic surgery of the orthopedist. Benefit similar at least in kind can, I believe, be wrought in the case of many children who enter our schools suffering from inherited and acquired defects of mental constitution and organization, by the judicious and intelligent use of the mechanic arts as educational instruments." "I am speaking," says he, "for a great body of children who, but for this new instrument of education in the hands of intelligent and skillful teachers, may go into life with serious mental defects uncorrected and even unsuspected; defects which will grow more serious and more hopeless with the progress of time and with experience of life."

Physical Instruction.—As many of these dullards will be found physically defective, the need of a competent medical inspector becomes apparent, and one of his duties should be the mapping out of physical training necessary to counteract these defects as far as possible. The larger muscles should be trained before the smaller, special attention being given to breathing movements and exercises calculated to develop air space. Along with the specific physical training should be given plenty of instruction in games, and I mean by this that just as much attention should be given by the teacher to developing the ability to play as to the development of any other faculty. I have seen many cases of children who would listlessly perform such exercises as their teacher prescribed, but when called up for running games become animated and eager.

Environment.—Obviously it will be impossible to have many of these special schools in the country, but we must see that each teacher has not more than twenty children under his or her care; that as large an individual room area as possible should be provided, certainly not less than twenty square feet per capita; this would give 240 cubic feet, with 12-foot ceilings; well lighted, heated and ventilated, with every hygienic advantage indoors and sufficient space contiguous outdoors for play and exercise.

"The ends of exercise may be characterized, in a general way, as, first, the promotion of health, and second, the formation of proper habits of action. The one is a hygienic end, while the other is a distinctively educational end. It matters not whether we consider a single muscle, which admits of only a single limited motion, or a group of muscles, or a complicated system of muscular organs, like organs of speech or the communal structure we call the body, or a class of school children, or a football team, or a regiment of soldiers, the ends of exercise are practically identical in each case, and can only be attained through a combination of hygienic and educational measures.

"The main field of education is the nervous system, and the principles of all forms of education into which physical training enters as a factor are based upon

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the power of the nervous system to receive impressions and to register them or their effects; in other words, upon its ability to memorize the part it has played in acquired movements and on occasion to revive and repeat such movements. The student of nervous disorders notes carefully the peculiarities of his patients' movements in order to determine the seat of his injury or weakness and the nature and extent of his disease. It is equally necessary that the practical teacher should apprehend the significance of the spontaneous and acquired muscular movements of his pupils, be those movements coarse or fine, since those movements constitute an index of the action of the brain which it is the teacher's business to develop and train, and also serve to measure the success and test the character of the teacher's efforts at instruction. This is true not only of instruction in football, military drill, gymnastics, sloyd, shoemaking and sawing, but of instruction in drawing, singing and the three R's as well. Genuine success in any of the departments of instruction mentioned above is conditioned on the intelligence and skill of the instructor in selecting and teaching such forms of neuro-muscular action as are adapted to the sex, age and capacity of his pupils.

"The motor element in education is so large and of such vital importance that we hazard little in predicting that the systematic study of movements is destined to play a much more prominent part than has been accorded it hitherto in the professional training of all classes of teachers. 'It can scarcely be too often reiterated,' says Mercier, an English alienist, in his 'Nervous System and the Mind,' 'that the study of movements is the only means by which we can gain any insight whatever into the nervous system.' * * * If this be true, and who shall gainsay it, is it not evident that educational measures of every kind should be selected and co-ordinated so as to conform to the order and rate of growth and development of the fundamental and accessory neuro-muscular mechanisms of the child and the adolescent? Is it too much to ask that educationists should recognize, ponder upon and be guided by the laws of development, which determine the health and power of the brain centers, and the health and efficiency of the servants and ministers of those centers, namely, the skeletal muscles? It is true, doubtless, that the laws of development are recognized in a way in the conventional division of schools into elementary, secondary and superior, but it is no less true that the bodily and mental characteristics which differentiate children from youth, and both from adults, are deserving of more careful study and much fuller recognition than they have received hitherto from teachers as a class or from those charged with the appointment and control of teachers."*

What has been said of the dullard applies equally well to the epileptic so far as elementary mental, manual and physical training is to be applied. It is thought that special schools should be upon the ground floor as far as possible, and this also applies to the schools or classrooms for the epileptics. Whether separate classes are to be maintained for these children is as yet a question. Probably the weight of opinion is in favor of total separation.

I think that those who have worked among children afflicted with this most dreadful disease can hardly ask a further discussion of their need for sympathy and aid just as far as human ability can give.

We of the medical profession confess our inability to do more than mitigate to an extent the manifestations of the disorder and perhaps by treatment and training maintain such degree of mental ability as the child may have; further than this we cannot go at present. It remains for those not thus afflicted to contribute their share towards making their shadowed lives as comfortable and happy as possible. The children of the rich suffer just as much as the children of the poor, but wealth brings to them many hours of pleasure outside the reach of those who cannot pay for companions, books, pictures, toys and change of environment. Victor Hugo says: "Those

*Report of Dr. E. M. Hartwell, director of physical training, Boston public schools.

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who have seen men suffer know nothing; they should see women suffer. Those who have seen women suffer know nothing; they should see children suffer."

Is not this plea sufficient for us to take home and think about, aside from any utilitarian policy that bids us take charge of these weaker brothers and sisters, and so mold their youth that they may not, when adults, come within the grasp of the law as criminals, but if duly recognized as unable to take up their own support as a whole, may contribute at least in part, and under proper guidance and aid lead a harmless, if not very useful, existence.

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

IX.

THE FOUNDERS FROM THE WESTERN SHORE OF MARYLAND.

WILLIAM BAKER was on the Committee of Correspondence of Frederick county in 1774 and died in Georgetown in 1812.

WILLIAM BEANES, JR., was born in Maryland in 1748. He was a large landowner and planter in Prince George's county and the leading physician of that place. At the beginning of the Revolution he was on the committee to carry into execution in his county the Association of the American Continental Congress. Prior to 1777 he was a surgeon in the General Hospital. In the invasion of Maryland by the British in 1814 he lent all the aid in his power to the American troops. On the march of the British northward after the burning of Washington he was charged by them with firing from his house upon their rear guard and was arrested. He was roughly handled and was carried aboard their ships. The citizens, by whom he was much beloved, were alarmed for his safety and anxious to secure his release, and with that object in view got Mr. Francis Scott Key, a warm, personal friend of the Doctor, to undertake a mission to the British headquarters. Recognized there as a noncombatant, Mr. Key was received with politeness and allowed access to his friend on board one of the hostile vessels. Just then it was determined to attack Fort McHenry, and as a matter of precaution Mr. Key was detained until the next day. Meanwhile the fort was bombarded, and Mr. Key furnished the occasion and the inspiration of his stirring air, the "Star-Spangled Banner." Thus Dr. Beanes was indirectly and unwittingly the cause of this celebrated poem.

He died at Upper Marlboro October 12, 1828. According to Dr. Toner he was an accomplished scholar and popular citizen.

CHARLES A. BEATTY was born in Pennsylvania in 1762. He was educated by the Rev. Dr. Balch of Lower Marlboro, Md., about 1774. He attended one course of lectures at the University of Pennsylvania and began practice in Montgomery county, Maryland. He married Eunice Beale, a native of Boston but reared in Philadelphia, by whom he had eleven children—eight sons and three daughters. His wife survived him, dying May 5, 1842, at the age of seventy-four.

Dr. Beatty served as surgeon's mate in the United States army until 1800. He began practice in Montgomery county, but moved to Georgetown in 1818. He had a large and lucrative practice and acquired a considerable estate, being among the wealthy men of the town. He was one of the original owners of the land upon which Washington city was laid out, owning all that portion or addition to Georgetown known as "Beatty and Hawkins' Addition." He donated to the town the ground on which the market-house stands.

He was of a confiding disposition and became embarrassed by endorsing the notes of his friends during the existence of the old Bank of Columbia. He was a skillful physician and a man of great integrity of character, attending to the poor as assiduously as to the rich. He died at Georgetown October 13, 1838.

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GUSTAVUS BROWN of St. Mary's county was the son of Rev. Richard Brown, a minister of the Anglican Church and owner of a landed estate near Edinburgh called "Maiden Side," where he was born in 1744. He was a nephew of Dr. Gustavus Richard Brown of Charles county, and grandson of Dr. Gustavus Brown, who settled in Maryland in 1708. He is said to have studied medicine in Edinburgh for seven years. His degree (M.D.) was obtained at the university there in 1770, the entry of his name and thesis in the catalogue of graduates being "Brown, Gust., Brit., *De Cyanche Phlogist.*, 1770."

He came to America shortly after in company with Drs. Henry Reeder (uncle of the lady whom he afterwards married), Lansdale and Ireland, fellow-students at Edinburgh, and with them settled in practice in St. Mary's county. In 1782 he attended his friend Dr. Ireland, and the illness of the latter proving fatal, married his widow. This lady, who was Susannah, the only daughter of Col. John Reeder of the Revolutionary army, was very rich and lived on an estate called "Summerseat." Here the Doctor lived and here he died on the 3d of July, 1801, at the age of fifty-six. He left no children.

In the last illness of Washington Dr. Brown received a summons at midnight to see the illustrious patient in consultation with Drs. Dick, Craik and Gustavus R. Brown. He mounted his horse and hastened to Mt. Vernon. On reaching Long Bridge he learned of Washington's death and turned back. The hastily-written summons, with other relics of Dr. Brown, were destroyed by fire at the old homestead in 1874.

In a copy of Dr. Brown's epitaph, which lies before me, he is described, and I have no doubt truthfully, as "a good man—courteous, generous and hospitable in private life. In public character, humane and useful, skilful and unrivalled."

GUSTAVUS RICHARD BROWN of Charles county was of Scotch descent. His grandfather, Rev. Richard Brown, was a clergyman of the Anglican Church and resided at Salton, Haddingtonshire, Scotland, in the reign of Charles I. There is a romance connected with the father of this Rev. Richard, of the truth of the main facts of which the writer has no doubt, having heard it frequently related when a boy by descendants of the gentleman in question in Virginia. According to this family tradition this person—I am not sure whether he was a doctor or not—entered the service of Gustavus Vasa, the King of Sweden. There he met and lost his heart with a Swedish princess, niece of the King. The passion was reciprocated and they were secretly married. Although they had cause to fear the resentment of the monarch, when the affair became known he forgave them and bestowed his favor upon the venturesome Scotchman, who in gratitude gave to his descendants the name of Gustavus, which they continue to hold to this very day.

The Rev. Richard Brown married Jane, the daughter of Sir George Mitchelson of the house of Middleton of Dalkeith, Scotland. The fruit of the union was a son, Dr. Gustavus Brown, who was born April 20, 1689. This Gustavus was educated at the University of Edinburgh and came to Maryland in May, 1708. His settlement here was accidental and unpremeditated. It was in this wise: He was on board of an English vessel which had crossed the ocean and was cruising in Maryland waters.* He came ashore at Nanjemoy for some purpose, probably to view the country or to accept the hospitality of some of the citizens, when a storm arose and drove the vessel out to sea. Thus he was left in a strange country and among a strange people, without clothes and with but little money. But his condition turned out not so bad as it seemed, for the planters and business men of Nanjemoy, doubtless glad to have a young surgeon trained at the great Scotch university to settle among them, welcomed him with open arms and extended to him their warmest hospitality. He accordingly remained with them and soon began to feel quite at home. His personal characteristics favored his successful establishment upon Maryland

*He was said to be a surgeon in the British army. He was too young for that; he may have been a surgeon's mate.

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soil, for he was of fine personal appearance, good habits and engaging address. Three years after his arrival he married Frances Fowlke, the daughter of Col. Gerard Fowlke, a wealthy planter. This lady, who died in 1744, bore him twelve children, of whom seven or eight daughters and one son lived to maturity. The former were noted for their beauty and attractiveness, and their descendants are among the best known families of Maryland and Virginia—the Moncures, Scotts, Turners, Blackburns, Wallaces, Keys and others.

After many years Dr. Brown returned to Scotland and purchased there an entailed estate called "Maiden Side," where he resided for some time. But the idle life which this imposed upon him and the illness of his wife made him dissatisfied, and so he entailed his Scotch property upon his eldest son, the Rev. Richard Brown, and brought his family back to Maryland. Here, in 1744, he lost his wife and some time after married Mrs. Margaret Boyd, by whom he had one son, Dr. Gustavus Richard Brown (of this sketch), and a daughter, Margaret, born 1751, who became the wife of the Hon. Thomas Stone of Charles county, Maryland, a signer of the Declaration of Independence. This lady died at Annapolis June 1, 1787. Dr. Gustavus Brown died suddenly at his place, "Rich Hills," near Port Tobacco, in 1765, at the age of seventy-six [Toner].

Dr. Gustavus Richard Brown, the son of the emigrant above named by his second marriage, was born at "Rich Hills" in 1748. He went to Edinburgh to be educated and there received the degree of doctor of medicine, the entry in the university catalogue being "Brown, Gust. R., Maril., *De ortu animalium caloris*, 1768." After "walking" the London hospitals for several months, he returned home, stopping on the way for some time at the Madeira Islands and bringing thence with him a large collection of plants and flowers.

As Dr. Craik then practiced at Port Tobacco, he first settled at Nanjemoy, four miles distant, but the former later moving to Alexandria, he took up his residence at Port Tobacco, spending the remainder of his days at "Rich Hills," his ancestral seat. He married Margaret Graham of Prince William county, Virginia, by whom he had four children, viz., Elizabeth, Margaret, Gustavus and Gustavus Richard. His daughters died unmarried, but his sons left children. The name of Gustavus is still perpetuated in Mr. Gustavus T. Brown and Gustavus R. Brown, D.D.S., both of Washington city, descendants of the latter.

Dr. Brown was repeatedly solicited to take public office, but could rarely be induced to do so. He was a member of the legislature in 1774; he joined in the meeting of the patriots at Port Tobacco in the same year, and was on the Revolutionary Committee of Correspondence and Observation. He served as judge of the Charles County Court in 1777, and was a member of the State convention called to ratify the constitution of the national government in 1788. He was a visitor to St. John's College in 1789, and grand master of Masons of Maryland in 1798-99.

During the Revolution he founded, with Dr. James Wallace, a hospital for inoculation of smallpox, and the following is the advertisement of this institution which appeared in the *Virginia Gazette*, published at Williamsburg, June 28, 1776: "The subscribers have fitted out and provided with every necessity a commodious house for the purpose of inoculation, where they are ready to receive such as are inclined to take the smallpox at the rate of £5 Maryland currency each. The distance being a little more than five miles from any part of the Potomac river, between the lower end of Fairfax and the upper end of Westmoreland counties in Virginia, will render it very convenient to the inhabitants of the included counties. Those who will favor the subscribers with their company may depend upon their utmost care and attention.

"G. R. BROWN,
"JAMES WALLACE.

"Such as prefer coming by water may do it very conveniently, as the house stands on Burdett's creek, only four miles from its mouth."

Like his father, Dr. Brown was a man of fine personal appearance, being over

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six feet in height and well proportioned; his manners were pleasant and affable. He was a fine classical scholar and was particularly fond of botany, cultivating an extensive garden—the largest, it is said, in Maryland—of rare flowers. Surrounding his home was a sloping lawn of eight or ten acres, with serpentine walks, bordered by rows of boxwood and having three beautiful terraces. To this was attached an extensive hothouse. The house itself was large and elegant and the hospitality of its owner unbounded. His office was filled with students. He is said to have used but few remedies, but those of the most efficient character.

Dr. Brown had the honor of being called in consultation by Drs. Dick and Craik in Washington's last illness, but the patient—who was also his personal friend—was already marked for death at his arrival, and the efforts of the three physicians were all unavailing.

Dr. Gustavus R. Brown died at "Rich Hills," September 30, 1804, aged fifty-six. His tomb can still be seen in the garden there. His epitaph speaks of his skill, wisdom and learning, of his patriotism, generosity and elegant manners, of his kindness to his slaves, his tenderness to his wife and children, his hospitality to his neighbors and his benevolence to his fellow-men.

Dr. A. Taylor-Norris of Long Green, Md., has recently visited the home of Dr. Brown, and sends me a description of it. The house, said to have been built by Dr. Gustavus Brown, 1st, in 1764, is a large colonial mansion built of brick imported from England. Connected with it by a covered walk is another brick house, which was used by the Doctor as an office and for his medical school; there he received and trained ten young men at a time. A large, well-lighted basement was used as a dissecting-room, and beneath this is a dark cellar, which tradition asserts was the receptacle for the bodies used for dissection.*

*Mrs. Vernon Dorsey of Washington has the diploma of Dr. Gustavus R. Brown, but there are no portraits of either of the Drs. Brown extant. There is much confusion in the accounts given of these two physicians and their family. This is particularly noticeable of the large Toner MS. I have endeavored to sift the truth from the mass of notes in my possession, and to give only facts and incidents which are based upon reliable authority. Where the authority seems doubtful, I have so stated.

Society Reports.

TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA.

MEETING HELD AT MARKLETON, PA., JUNE 22, 1899.

THE members of the Tri-State Medical Association were the guests of the Markleton Sanatorium, and the midsummer meeting was held at that institution June 22 last. The sanatorium is beautifully situated in the mountains of Western Pennsylvania, along the line of the Baltimore & Ohio Railroad. Seventeen hundred feet above tide brought pleasant breezes and made a delightful meeting place. At 11 o'clock A. M. the association was called to order by Dr. J. M. Spear, the vice-president, in the absence of Dr. Johnston, the retiring president. Rev. Dr. Barrett, chaplain of the sanatorium, opened with prayer. After reading the minutes of the previous meeting the following new members were elected: Dr. Bruce Lichty, Meyersdale, Pa.; Dr. E. K. Wilson, Romney, W. Va.; Dr. M. Tannehill, Confluence, Pa.

Officers for the ensuing year were elected as follows: President, Dr. J. M. Spear, Cumberland, Md.; first vice-president, Dr. A. Enfield, Bedford, Pa.; second vice-president, Dr. Robt. Gerstell, Elk Garden, W. Va.; third vice-president, Dr. W. J. Craigen, Cumberland, Md.; recording secretary, Dr. Percival Lantz, Alaska, W. Va.; corresponding secretary, Dr. F. W. Fochtman, Cumberland, Md.; treasurer, Dr. H. W. Hodgson, Cumberland, Md.

Cumberland was selected as the next meeting place.

A resolution was read from the Georgia State Medical Association embracing a memorial to Congress to have the rank of the surgeon-general of the United States army increased to that of major-general. The resolution was concurred in by vote of the association.

The association then adjourned for dinner.

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2 P. M.—Meeting opened with Dr. J. M. Spear, president, in the chair.

A patient with tabes mesenterica was exhibited by Dr. H. C. McKinley of Meyersdale, Pa. Drs. Barclay, Spear, Hoffman and Duff examined the patient.

Dr. Prentiss of Washington, who was to have read a paper, was not present, and his paper was read by title, "Use of the Mescal Button."

Dr. Wm. F. Barclay of Pittsburg, Pa., read a paper entitled "Reflections at the Thirty-third Mile Post of My Professional Career."

Dr. Spear followed with an interesting account of an operation for gunshot wound of the abdomen, with full report of the case. Paper was discussed by Drs. Duff, Hoffman and Duke.

Dr. Enfield of Bedford, Pa., read a paper on "Treatment of Diseases of the Stomach." Discussion participated in by Dr. Craigen and others.

Dr. E. O. Crossman, physician in charge of the sanatorium, presented the subject of "Melancholia" in an able manner.

The association then adjourned after passing a vote of thanks for the kindness extended by the institution.

Medical Progress.

THE PREVENTION OF SUMMER DIARRHEA.—Dr. Henri de Rothschild has written a timely article on the digestive disturbances of infancy, which has been abstracted in the Lancet. The subject is one which has been often discussed, and we shall not, therefore, examine it in the same exhaustive manner as the writer of this paper has done. There is one important section of it, however, which constantly claims the attention of practitioners—the toxic and acute form of gastro-enteritis. The return of sultry weather after some days of rain is certain to set in motion that army of morbid germs which need only the co-operation of human neglect in order to insure a high mortality from summer diarrhea. Dr. de Rothschild rightly associates this result when it occurs with changes in the milk diet of infants. That local telluric and atmospheric changes exercises an important influence we do not deny, for the bacillus morbi is in and behind all these. At the same time the fact cannot be too strongly insisted on that the most ready and most usual means by which the source of infection reaches the child is its natural food, and this is more especially, almost exclusively, true where the infant is brought up by hand. So much has been said, written and taught about sanitary cleanliness that many parents and nurses who formerly may have practiced very haphazard methods in the administration of infants' food have now learned to be sufficiently careful in the all-important matter of antiseptic cleanliness. Feeding bottles are much more scrupulously cleansed after each time of use than they were wont to be, and, what is of much consequence, they are frequently boiled when temporarily out of use. They are better constructed with a view to their being cleansed easily, and in this connection we have observed that the older type of straight bottle is in very general employment. A further measure of security is attained by the substitution of carefully sterilized milk for the ordinary product, which, however pure, is, especially under the conditions of crowded town life, more liable to fermentative change. Dr. de Rothschild speaks truly when he attributes to such precautions as these the happy result that infantile diarrhea of the toxic type is rarer today than it was in years gone by. It is necessary to remember that this result is not due solely to the use of improved appliances, but quite as much to more scrupulous care on the part of nurses, as well as to a better understanding of the value of fresh air and other aids to sanitary cleanliness. It is among the dwellings of the poor that the need of these is most felt, and it is here that practitioners and local authorities may most usefully exert themselves in the direction which we have indicated.

* * *

ACETANILIDE HABIT.—Dr. Amelia Weed Gilmore reports in the Philadelphia Medical Journal a rather unusual case of acetanilide habit in a woman fifty-eight years old.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, AUGUST 12, 1899.

Drinking Water in Summer.

THE problem of a water supply at any season is a serious one, and the constant outbreaks of typhoid fever in all large cities and the tendency to the consumption of bottled spring waters show what persons will pay for in their endavor to obtain pure drinking water. But especially is the difficulty of obtaining good water great in summer, for so often during a heated spell there will be a decided drought and the springs will run low, the wells be exhausted, and the small streams and even rivers will expose the filth at the sides and bottom, making the drinking water at this time very dangerous. So many seaside resorts depend on doubtful supplies of water, and when there is an extended dry spell they have to carry the water from a distance or rely on bottled water from a distance.

Just at this time there are reports from all parts of the East of a scarcity of good drinking water, and the result will be that persons when heated will drink foul water and return to their homes in the autumn ready to develop a good case of typhoid fever. If the temperance workers would add a practical side to their praiseworthy work they would not only oppose the drinking of alcoholic liquids, but would use their efforts, their influence and their money to keep the water supply of their locality in such a good condition that the drinking of water is without danger.

There is no doubt that men and even women fill their poor abused stomachs with all kinds of drinks, soft and alcoholic, with a vain desire to quench that thirst which comes naturally from the loss of much water through the skin. If persons could only be convinced that water is by far the best thirst quencher, and even water acidulated is better than anything else, they would perhaps be induced not to try other drinks.

A pure water supply at all times is desirable, but in summer especially it should be pure.

* * *

Infantile Diarrhea.

MORE attention is called to infantile diarrheas in summer because so many infants die of this trouble during the warm months, but many adults also suffer, and it is often the same general cause in a developed person as brings about such severe symptoms in an immature infant.

Formerly many such cases were treated by giving a purgative and then using opiates and astringents, and this may be in some cases good treatment, but now since the organisms of the diarrheas have been more carefully studied there is a tendency not to use opiates and astringents so much and to rely on some strong antiseptic, such as salol.

The treatment of diarrhea more than perhaps any other disease calls for good common sense and demands a study of the action of the skin, of the kind of diet given and the character of the stools, and in many cases a regulation of the diet brings about a cure without many drugs. The work of Escherich, Baginsky, Booker and many others in this connection with the infantile diarrheas is now beginning to be of some practical use and has tended to simplify the drug treatment.

The more general attention to the needs of the poor in large cities, too, has helped to reduce the mortality of this disease, and the summer homes, free excursions and cheap outings all help to bring back to health in a sensible way.

The physician who does not study the disorders of the intestines, especially in children, from all sides and in a broad way will not have much success in his treatment.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 5, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	15
Phthisis Pulmonalis	..	12
Measles	6	..
Whooping Cough	6	1
Pseudo-Membranous Croup and Diphtheria.	19	2
Mumps	..	..
Scarlet Fever	..	..
Varioloid	..	..
Varicella	2	.
Typhoid Fever	*11	4
La Grippe	..	..

* 1 case imported.

The Woman's Hospital is closed until September.

San Francisco has a new and excellent board of health.

An Italian medical society has been formed in New York.

The Union Protestant Infirmary is closed pending improvements.

San Francisco has a new medical society called the San Francisco Clinical Society.

Dr. W. H. Nye, a well-known physician of Southwestern Virginia, died recently at Scott Station in that State.

Dr. Charles A. Vogel of Baltimore has been commissioned an assistant surgeon at large in the Marine Hospital Service.

A German laryngologist says he can detect the sex of a person by looking down the throat, claiming that there is a marked difference in the vocal cords in the two sexes.

Even the surgeons, says the *Philadelphia Medical Journal*, will soon have to envy the bacteriologist. Koch is said to have asked of the Cape Colony government the modest fee of $250,000 for his work on the rinderpest.

Dr. George J. Preston, the secretary to the State Lunacy Board, who has been visiting many asylums and institutions for the insane throughout the counties of Maryland during the past few months, will give a brief report of his work in the JOURNAL.

According to the *Cleveland Journal of Medicine*, Dr. Klebs has opened in Chicago a private free dispensary for the poor, thereby introducing the German custom into this country. Certainly he deserves no thanks from the medical profession for this innovation, especially as the physicians of that city are just now seeking a remedy for the surplus of existing dispensaries in our cities.

With the near approach of the annual meeting of the American Electro-Therapeutic Association, to be held on September 19, 20 and 21 in the city of Washington, under the presidency of Dr. F. B. Bishop, the local committee of arrangements is redoubling its efforts to make it a success. Many electrical manufacturers will be represented in the exhibit hall, and information will be freely given. Papers have thus far been promised from Drs. R. G. Nunn, A. D. Rockwell, Margaret A. Cleves, F. J. Leviseur, Walter White, Robert Reyburn, G. A. Corson, C. O. Files, J. H. Kellogg, John A. Licthy, W. W. Scheppegrell, L. Howe, E. Wende, F. B. Bishop, Robert Newman, W. J. Herdman, G. B. Massey, and Professors Bergonie of Bordeaux, Apostoli and Dolbear of Paris.

The State Board of Health of Kentucky gives notice to all concerned that it will hereafter refuse to recognize, as a basis for certificates to practice medicine, diplomas from any medical college which does not, in good faith, comply with the requirements of the American Medical College Association, the American Institute of Homeopathy and the American Electic Medical College Association, respectively, both as to preliminary education and four years' course of study. This means that no school that graduates three-year students will be recognized in this State hereafter. The board provided an examination for three-year graduates of the present year, as many of the students had attended such schools in ignorance of its advanced requirements, but found this course unsatisfactory, a large per cent. of the examinations indicating incomplete preliminary education as well as imperfect medical training. This standard for the State of Kentucky was made and promulgated in 1891, to take effect this year, but is again published that schools patronized by Kentucky students and future graduates expecting to practice here may fully understand the requirements.

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Washington Notes.

Dr. J. Spencer Hough, assistant medical sanitary inspector in the scarlet fever and diphtheria service, has been appointed inspector in yellow fever service. Dr. Stacy A. Ranson is appointed to the same position, and Dr. John A. Stoutenburgh, a physician to the poor, is appointed assistant medical inspector.

Dr. W. P. Carr, the District coroner, investigated 781 deaths during the year ending June 30, 1899. Of these, 429 were due to natural causes. Of the violent deaths, 157 were accidental, due to injuries, drowning, etc.; twenty-two were due to accidental poisoning. There were twenty-three suicides and nineteen homicides. One hundred and thirty-one stillbirths were investigated. The corner, in discussing the needs of the office, says the most important consideration is a new morgue. "The present building was originally a stable and is now adjoining a stable." He recommends a building that would "provide accommodations for twenty bodies, and should have suitable rooms for holding autopsies and inquests and for keeping records. It should be an attractive structure, resembling a chapel, and should contain a room suitable for holding funeral services." An appropriation of $10,000 is asked for the building of the morgue.

Book Reviews.

PRACTICAL MATERIA MEDICA FOR NURSES. With an Appendix. Containing Poisons and Their Antidotes, with Poison Emergencies, Mineral Waters, Weights and Measures, etc. By Emily A. M. Stoney, Graduate of the Training School for Nurses, Lawrence, Mass., etc. Duodecimo, pp. 306. Price $1.50 net. Philadelphia: W. B. Saunders. 1899. Baltimore: The Medical & Standard Book Co.

The author has endeavored to make this book as practical as possible, and in most places she has succeeded, but it looks as if there were almost too many drugs enumerated and so many that are not used, so that the nurse may be confused. The first part of the book is devoted to the general consideration and classification of drugs, the second part to the subject-matter proper of the lectures, and the third part is an appendix containing certain supplementary matters, such as poison-emergencies, antidotes, emetics, mineral waters, etc.

A REVIEW OF RECENT LEGAL DECISIONS AFFECTING PHYSICIANS, DENTISTS, DRUGGISTS AND THE PUBLIC HEALTH, ETC. By W. A. Purrington of the New York Bar. Price fifty cents. New York: E. B. Treat & Co. 1899.

With the very great increase in law cases affecting medical men, and the necessity for more general knowledge of subjects pertaining to medical legislation, there is a growing demand for practical treatises on these and allied subjects suited to the general practitioner. Such a volume as this will prove helpful, and even the busiest practitioner could find time to familiarize himself with its contents, thereby becoming fortified against possible complications liable to occur in any practice.

REPRINTS, ETC., RECEIVED.

Diseases of the Alimentary Canal, etc. By Jos. Osborne De Courcy, M.D.

Cataract Operation, etc. By L. Webster Fox, M.D. Reprint from *International Clinics.*

Selected Reports from Orthoform from American Physicians. Victor Koechel & Co., New York.

Otology: Its Relation to General Medicine. By G. Griffin Lewis, M.D. Reprint from the *Medical News.*

A Case of Londry's Paralysis. By Charles L. Greene, M.D. Reprint from the *Philadelphia Medical Journal.*

Mechanical and Surgical Treatment of Fractures of the Neck of the Femur. By Arthur J. Gillette, M.D. Reprint from the *Northwestern Lancet.*

Clinical Memoranda from the Throat Department. By Emily Mayer, M.D. Reprint from the *New York Eye and Ear Infirmary Reports.* January, 1899.

Do Gross Pathological Changes Occur in the Eye After Injuries of the Spinal Cord? By Dunbar Roy, M.D. Reprint from the *Philadelphia Medical Journal.*

Further Observations Regarding the Use of the Bone-Clamp in Ununited Fractures, Fractures with Malunion and Recent Fractures with a Tendency to Displacement. By Clayton Parkhill, M.D. Reprint from the *Annals of Surgery.*

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Original Articles.

SURGICAL COMPLICATIONS OF TYPHOID FEVER.

By Hugh M. Taylor, M.D.,

Professor of Practice of Surgery, University College of Medicine; Surgeon to Virginia Hospital, etc., Richmond, Va.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, JULY 11, 1899.

WHAT hope does surgery offer patients seemingly or really doomed by the occurrence of typhoid perforation? It is claimed by Murchison that 90 per cent. to 95 per cent. will die. For our part we are forced to think that a majority of the small number supposed to have recovered spontaneously were cases of mistaken diagnosis—cases of local peritonitis without perforation. Granting for the sake of comparison only that Murchison's claims are correct, and that from 5 per cent. to 10 per cent. of suspected perforations will recover spontaneously, a knowledge of the triumphs of operative surgery in this field leaves no doubt as to its efficiency.

Dr. Keen* reduces the authenticated cases operated upon to sixty, with thirteen recoveries. Since the publication of the above statistics I have had one case to recover after operation and one to die. This last-mentioned case occurred only a few days ago. The young man had been sick with a typical enteric fever for six weeks. For the past week his case had been complicated by retention of urine induced by a specific urethritis contracted just before he was taken sick with fever. For a week it was necessary to catheterize him at regular intervals. At 10 A. M. he was doing well—pulse 108, temperature 104°, no pain, no abdominal distension, morale good. At 10.30 he had a movement from his bowels and passed his water for the first time in a week. Immediately he complained of sharp abdominal pain diffused over the whole abdomen. I saw him two hours later; an anxious expression, thoracic breathing and clammy skin were noticeable, his abdomen was flat but rigid, his pulse 130 and temperature 105°, and there was absolute abolition of peristalsis. This last-mentioned symptom was carefully looked for by placing first the ear and then a phonendoscope over every part of the abdomen.

The sudden onset of pain, rigid abdominal muscles, thoracic breathing, abolished peristalsis and increased pulse-rate were the evidences which warranted me in diagnosing a perforation and in ordering immediate preparation for celiotomy. There was no appreciable shock, no abdominal distension, no lessened area of hepatic dullness and no reduction of temperature. In two hours from the time I saw him and four hours from the onset of symptoms I made a median section. On incising the peritoneum a quantity of bile-colored serum and fluid feces escaped, but no gas. On delivering the cecum and last part of the ileum two large perforations were found within about twelve inches of the ileo-cecal junction. The perforations were about four inches apart, both involved the free margin of the bowel and were both ugly-looking lesions. The largest was almost as large as a silver quarter and the smaller as large as a dime. For some distance around the larger the tissues were thickened and indurated to such an extent that a resection was seriously considered.

*Keen, Surgery of Typhoid Fever, page 227.

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Both lesions were, however, closed by deep and superficial sutures. Prolonged irrigation, washing and wiping of intestines and cavity was practiced. (Even in this short time—four hours—membranous flakes were deposited around and near the bowel perforations.) Gauze drainage was freely used and the abdomen closed.

Although not more than fifty minutes were consumed in the operation, the patient reacted badly, and at least two quarts of hot saline were administered under the skin and hot coffee and whiskey by the rectum, together with morphine, strychnia, digitaline, camphor, etc., hypodermically. During this condition of shock he sweated profusely. Six hours after the operation the house surgeon reported that he had used the catheter, but had only found a few teaspoonfuls of urine in the bladder. This surprised me, in view of the quantity of hot saline left in the peritoneal cavity and the quantity administered under the skin. I instructed that the catheter be used every three hours, and this was done until his death, which occurred nine hours after the operation. In that time not more than a tablespoonful of urine was secreted. As far as I can tell this patient died from suppression of urine, probably traumatic in origin and aggravated possibly by acute gonorrheal infection A post-mortem found the peritoneum dry and no increased evidences of peritonitis. The result of this case was a great disappointment, as operative intervention was undertaken within four hours from the first onset of symptoms, and I counted myself as being exceptionally fortunate in getting into the abdomen early and equally so in completing the operation in a reasonably short time.

Several months ago I met with a case of perforating typhoid ulcer equally as interesting, and more so, in that the diagnosis was made under more obscure manifestations, and the operative intervention was successful. This case has been reported in several journals in a clinical lecture. According to Dr. W. W. Keen's statistics this success made sixty-one operations, with fourteen recoveries. I am sorry, since my experience within the past few days, the table will have to read sixty-two operations and fourteen recoveries.

A little boy had been sick with atypical typhoid fever for six weeks, and had been convalescent for ten days, and again had fever for two weeks and again free from fever for several days. He was reported to have passed a comfortable night, but awoke early complaining of some pain in his abdomen, and had an action. His mother, thinking he needed it, gave him a teaspoonful of syrup of figs. This was, however, promptly vomited, and several times during the next few hours spells of vomiting occurred. One more attack of sharp pain, which lasted only a few minutes, was experienced, and after that time the child insisted that he was all right and had no pain.

Such was the report given on my visit at 11 o'clock, four hours after the first attack of pain, and I, of course, recognized suspicious symptoms of intestinal perforation. The child, however, did not look sick enough at that time to justify such a suspicion. He expressed himself as being without pain, and his untroubled countenance confirmed this assertion. There were no evidences of shock, and those who saw him at the onset of the sharp attack could not say that even then he presented any of the symptoms of shock. His pulse was now 115 and his sublingual temperature 101° F. Respiration was not noticeably increased and his morale was exceptionally good. There was, however, some appreciable rigidity of the abdominal muscles.

An absence of fever for several days, the sudden onset of pain and vomiting, a recurrence of fever and rapid pulse, plus the abdominal rigidity and abolition of peristalsis, was the group of symptoms which made me fear perforation.

Per contra, was the short, sharp attack of pain—peristalsis incident to having an action. Was the vomiting due to acute indigestion and the dose of syrup of figs? Was the fever and increased pulse-rate a product of ptomaine production and absorption within the intact intestinal tract? Was the muscular rigidity voluntary contraction incident to the fear of pain, or from real pain due to an irritated peritoneum? It is common experience

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in typhoid fever to have pain *sine* perforation; tympanites is the rule, not the exception, while tenderness on pressure, notably in the ileo-cecal region, is commonly experienced. Time and again I have viewed with anxiety just as typical symptoms of perforation as these mentioned, in which the results showed no perforation to have occurred. I am dwelling so minutely on the symptoms manifested to impress the fact that perforation may coexist with very minor early manifestations, or, in fact, as has been observed by others, with no symptoms at all, and to impress the idea that what is needed in this phase of abdominal surgery is an improved diagnosis rather than an improved operative technique.

A second visit two hours later—eight hours from the beginning of the acute symptoms—did not lessen my apprehension as to the serious nature of the case. There was no noticeable change, except that his pulse had increased to 125, his rectal temperature had fallen to 100.5°. Twelve hours from the onset of alarming symptoms there were more marked symptoms of serious intra-abdominal trouble, but still classical symptoms were not conclusive. The face of the child was not expressive of impending danger, its respiration was not disturbed, hepatic dullness was not obliterated, vomiting was not at all frequent, pain and restlessness were not significant.

To offset these favorable indications, his abdomen was still to some extent rigid, and, what was especially ominous, as it is in all serious intra-abdominal infection, his pulse was now 140, while his rectal temperature was only 100.5°, the increasing pulse-rate and decreasing temperature suggesting ptomaine absorption from sepsis and shock and reduction of temperature incident to shock of sepsis. A confirmatory incision was agreed upon. I incised over the ileo-cecal region because of the known fact that a large majority of typhoid perforations are found in the ileum within eighteen inches of the ileo-cecal junction.

On incising the peritoneum a quantity of sero-purulent fluid escaped from the peritoneal cavity, but no gas. The cecum was quickly delivered, and not more than twelve inches from the small bowel was examined before the punched-out pencil-sized hole in the ileum was discovered. There was but little, if any, appreciable inflammatory change about the intestinal lesion. In fact, it looked as if a cobbler's punch had been driven into a healthy bowel. To close the opening with deep mattress and Lembert sutures was the work of a few minutes. The technique incident to wiping bowels of deposits, irrigating cavity, applying drainage and completing the operation in all of its details occupied only thirty minutes. This last fact is mentioned to impress the idea that the technique of dealing with typhoid perforations may in some instances be very simple and quickly completed. The ultimate outcome in this case was an uneventful recovery.

It may look like desperate surgery to subject to celiotomy the cadaverous-looking patient ill with typhoid fever for weeks, with the added prospect of prolonged anesthesia, etc. Granting that it is formidable surgery, it is inevitable death without it, and it is criminal practice to withhold a means that has saved fourteen cases in sixty-two operations in the face of an alternate that can offer no better results than a mortality of 100 per cent.

Colostomy During Typhoid Fever; Recovery.—A middle-aged woman had been sick with enteric fever for four weeks. The case had been typical in all respects, except that constipation had been marked—so much so that high enemas medicated with ox-gall, glycerine, turpentine, peppermint water, etc., had to be used. This treatment had the effect of bringing into the lower bowel great masses of partially inspicated fecal matter, which had to be removed by the nurse with her finger in the vagina and rectum. There had been a great deal of tympanites, pain and hemorrhage, and perforation was anxiously watched for. On Saturday evening her temperature was 103.5°, pulse 108, general condition satisfactory. One profuse intestinal hemorrhage that night must have been fatal but for the prompt use of subcutaneous saline, strychnia, etc., given by the

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nurse. The shock incident to this hemorrhage brought the temperature down to normal and ran the pulse up to 150. The depression continued for twenty-four hours. At the end of that time the patient's abdomen began to be markedly swollen, and high enemas were ineffectual either in inducing a passage of gas or fecal matter. In spite of all resources for her relief the distension became so great and interfered to such an extent with respiration that death seemed a question of only a few hours. The distension was within the intestines and evidently mechanical, as we could notice through the thin abdominal walls coils of distended bowels, and there was exaggerated peristalsis. As a last resort an enterostomy or colostomy was decided to be imperative, hoping thereby to empty the bowels, relieve the pressure and tide the patient over the crisis.

An incision in the right inguinal region was made; the first knuckle of distended bowel presenting was delivered and fastened by safety pins in the incision. The bowel caught proved to be a loop of the ascending colon, and was securely fixed by two pins passed transversely so as to include lips of the wound and bowel; no sutures were used, but gauze strips were packed around the protruded bowel to prevent leaking into the peritoneal cavity. The bowel was then incised transversely to its long axis and a drainage tube (large size) introduced, with the bowel opening on the stretch, and secured by a safety pin, including bowel and tube. The technique was so simple and so quickly done that no shock either from the general anesthesia or operation was appreciable. As is usual in such cases, there was not the great outpour of gas and fecal matter one would expect, but by flushing the bowel with saline a free discharge of gas and fluid feces occurred, with almost immediate relief to the patient. Frequent lavage of the bowel also had the effect of bringing the temperature down from 104° to 101°. Several days after the colostomy was performed a segment of bowel situated above the umbilicus became enormously distended and could not be emptied by irrigation through the tube or by syphonage of the stomach or rectal enematas. Finally, this local distension became so great, and pressed so seriously upon the lungs and heart, that another opening in the bowel was contemplated. As the mass was so very tympanitic, and was probably the transverse colon, I concluded to pass a small aspirator needle into it. This I did, entering the needle obliquely, and I had the satisfaction of hearing the gas rush out and in seeing the mass collapse as if a balloon had been punctured.

From this time on the case pursued an uneventful course. The obstruction, which was either a volvulus or fecal impaction at the splenic flexure or the sigmoid, was overcome. The colostomy remains, of course, to be cured by a plastic operation. To my mind this case represents a life saved by prompt surgical intervention. Not so much by my own limited experience, as by the experience of others, I am convinced that we do not value as we should the life-saving possibilities of either an enterostomy or colostomy in desperate cases of ileus. It is a treatment which may tide the patient over an immediate crisis, is easy of execution and can be done with local or short general anesthesia. It is useful alike in acute obstruction, mechanically induced, or in that due to septic paresis.

Apart from the relief incident to emptying the distended bowel by irrigating the intestines, we lessen the ptomaine production within the intestines and the systemic infection from this common focus. More than one clinician has impressed the idea that a paretic bowel is no longer a sewer, but is really a reservoir full of infection, and that in septic peritonitis we have only done a part that is needed when we irrigate and drain the septic peritoneal sac. Complete surgery can only be accomplished by incising and emptying the distended bowel. In the hands of quite a number of practitioners this practice has been attended with very encouraging results.

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Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

X.

THE FOUNDERS FROM THE WESTERN SHORE OF MARYLAND.

GEORGE BUCHANAN, who represented Baltimore in the list of incorporators of the Faculty, was a grandson of that George Buchanan, "Chirurgeon," who came from Scotland to Maryland in 1723 and settled in Baltimore county, purchasing lands which embraced the present limits of Druid Hill Park. This George the first was a justice of the peace and a representative in the general assembly of the State, and as commissioner assisted Dr. George Walker and others in laying off the town of Baltimore on the 12th of January, 1730. He died in the year 1750, aged fifty-two, leaving five sons—Lloyd, Archibald, Andrew, George and William. George the third, the subject of this sketch, was the son of Andrew Buchanan and Susan Lawson, and was born at "The Palace," the ancestral seat in Baltimore county, September 19, 1763. He began the study of medicine under Dr. Charles F. Wiesenthal of Baltimore, and continued it under Dr. William Shippen of Philadelphia, where he took the bachelor's degree in 1786 and the doctor's in 1789, spending most of the intervening time at the University of Edinburgh. The subject of his graduation thesis, which he dedicates, among others, to his preceptor, Dr. Wiesenthal,* was *"Dissertatio Physiologica Inauguralis de Causis Respirationis ejusdemque Effectibus.* 8°; pp. 34. Philadelphia."

We learn from a letter of Dr. Wiesenthal to his son that Dr. Buchanan returned from England early in September, 1788, and that he entered upon practice on Calvert street at once and began to receive students. It is to be presumed that he attended some of the lectures at the University of Pennsylvania during the ensuing winter in order to entitle him to the degree which he received in February, 1789. In June, 1789, he was married to Laetitia, the daughter of Hon. Thomas McKean, a signer of the Declaration of Independence, chief justice and governor of Pennsylvania. Shortly after this event he formed a partnership with Dr. Samuel Stringer Coale, and this continued until his retirement in 1800.

Dr. Buchanan was a man of great energy and professional and public spirit. Naturally ambitious, he conceived the idea of founding a medical school in Baltimore, and engaged the co-operation of Dr. Andrew Wiesenthal. The Medical Society founded in November, 1788, having suffered a setback by the death of its president and chief promoter, the elder Wiesenthal, was revived in the fall of 1789, with Dr. Edward Johnson as president; Andrew Wiesenthal, secretary, treasurer and librarian, and a "Court of Correspondence," consisting of Drs. John Boyd, Reuben Gilder, George Buchanan and George Brown. The ensuing winter an attempt was made at the institution of a medical school, and full courses of lectures were delivered by Drs. Wiesenthal and Buchanan on anatomy and midwifery, respectively. Fifteen students attended the course of the former and nine that of the latter. A card from the nine in the *Maryland Gazette* of March 30, 1790, expresses their approbation of the course just delivered, and hope that the essay towards establishing a medical school might meet with the encouragement its merit deserved.

Dr. Buchanan conceived the design also of founding a lying-in hospital, as we learn from an essay of his which bears the title *"A Treatise upon the Typhus Fever,* published for the benefit of establishing a Lying-in Hospital in Baltimore. By George Buchanan, M.D., President of the Royal Physical Society of Edinburgh and member of the American Philosophical Society, etc., etc.

"'Diseases desperate grown
By desperate appliance are relieved,
Or not at all.'—*Shakespeare.*

"Baltimore: Printed by William God-

*"*Viro venerabili rei medicae apud Baltimorienses cultori felicissimo qui ob magnam omnium quae medicinam spectant notitiam non minoris ibi quam Sydenhamius olim apud Britannos fuit aestimatus penditur suae familiae semper amico et medico."*

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dard. MDCCLXXXIX. 25 p.; 16°." It is "dedicated to the inhabitants of Baltimore, distinguished for their Patriotism and Zeal in the Promotion of Public Institutions." Of this rare work I know of but one copy, and that belongs to the Boston Athenæum Library, where it forms part of the Washington Collection. An examination was kindly made of it for me by the librarian of that institution, who informs me that it has the inscriptions, "Thos. McKean, Esq., from his affectionate son-in-law the Author," and in McKean's own handwriting, "His Excellency George Washington, Esq., President, etc., of the United States." There are no local allusions in the preface, except this: "I hope that in a generous republic like this the matter and not the ornaments of style may be most attended to; then will the author expect to pass unhurt, and cherish sanguine expectations of establishing the charitable institution for which this treatise is published."

Dr. Buchanan does not appear to have succeeded in this design, and the medical society and school shared a like failure, notwithstanding the public announcement in the spring of 1790 of the appointment of a full faculty and of a proposed course the following fall. Of the cause of the dissentions in the society to which the failure was due I am not entirely informed, although the whole matter was angrily ventilated in the public press during the summer of 1790. It would seem, however, that Dr. Buchanan went at matters in too vigorous a fashion and lacked tact in dealing with his colleagues, who were unwilling to submit to the dictation of one so much younger than themselves. If Dr. Buchanan had associated with himself and Dr. Wiesenthal a younger set of men he would perhaps have had better luck. The times were hardly ripe as yet for these ventures, and it is noticeable that besides Dr. Buchanan but one of those who took part in the society of 1788-89 was represented in the founding of the Medical and Chirurgical Faculty ten years later.

Dr. Buchanan must have been greatly disappointed and disgusted by these proceedings, but they did not suppress his activity, for in the same year he suggests to the public the registration of deaths, the formation of a public park, and joins in an appeal for the formation of a humane society, and in the following year he delivers an oration on the moral and political evils of slavery. In these things he showed himself to be a public-spirited citizen, wide awake to the needs of the community and far in advance of his day. He also found time from his professional duties to serve his city in an official capacity, being a member of the first branch of the city council on the inauguration of the city charter in 1797, and a magistrate in 1798.

In January, 1800, on account of ill-health, he was compelled to retire from practice. In 1806 he removed to Philadelphia, where he became health officer of the port. Here, while in the discharge of his duties, he was seized with yellow fever, which proved fatal at the Larazetto on the 9th of July, 1808.

Dr. Buchanan left seven children—three sons and four daughters. His son McKean became purser in the United States navy and died in 1871, aged seventy-five. His son Franklin was a commodore in the United States navy, but joined the fortunes of the South and became an admiral in the Confederate States navy. He commanded the celebrated "Merrimac" in its engagement with the "Monitor" in Hampton Roads. He died in 1874.

Some letters of the first president of the Faculty, Dr. Upton Scott, of Annapolis have recently come into my hands, and so great is their intrinsic interest, and so much insight do they give of the character of the writer, that they seem to me to be worthy of literal reproduction. They will form a good introduction to a sketch of Dr. Scott. I am indebted for them to Dr. C. Birnie of Taneytown, Md.:

Dear Father.

Linlithgow March 31st 1747.

I wrote you from Glasgow, last Week of my intention of going to Flanders, at all Hazards, rather yn pay such a purchase, in A young Regmt; with this Resolution I went to Edinburgh, Where I Exchanged my Money for a bill on Rotterdam, & Aggree'd with a Dutch Vessel to carry me thither. When waiting on General Huske for A pass, I was inform'd

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by his Secretary, of a mateship being Vacant, in L^d George Sackvilles Regm^t, for whom D^r Marwell the Surgeon general was to look out a mate, I immediately apply'd to him who after some Conversation, sent me to Linlithgow to get the officer's approbation; Major Meyrac A french Man who is commanding Officer, had no objections, & reffer'd me Back to y^e D^r as the best judge of my Abilitys. Upon which the D^r has fix'd me as Mate, & will write next post to the colonel for my warrant, in the mean time I am to stay at Barrowstoneness, Where five Companys of the Reg^t Lye; our Surgeon, Who has A Mighty good Character, & seems to me to be both a Discreet Man, & A Man well acquainted in his Business stays at Linlithgow, only two miles from Barrowstoneness, where the rest of the Reg^t Lye. The purchase is 60 pounds, the Reg^t is one of the Oldest in the Service, & will probably go to Flanders this Season, if we have An Engagement there, as evry Body here expect, without there be a peace made soon; The officers are all Making ready to go For Fort Augustus to encamp there this summer, Which if it happen will be very hard for me, just after my Entrance, to buy a Tent and Bed Cloaths, which in y^t case I shall be Oblig'd to do, Altho' had I money I should be very glad of it, as I wou'd have an Opportunity of more improvement, & I have in some measure got D^r Marwell's promise of being employ'd, as Mate to an Hospital there, if there be Occasion for any; Our Officers, are Extremely Civil, & I propose to Myself, very Considerable Happiness. Only my Scarcity of money, will hinder me from behaving in such A manner as wou'd be becoming, at my first Entrance into y^e Reg^t Besides my Want of genteel Cloaths is A Vast loss to Me, as After the Expences I was oblig'd to be at, in bringing over the Horse, keeping him so long, and buying near forty Shil^s worth of instruments, I was not able to buy any new Cloaths in Edinburgh. I beg you May think of this, after W^t you have done for me I realy can't ask you for more, But I assure you five or six Guineas immediately remitted, wou'd do me inestimable service, and I wou'd fain hope I shall do well, I have succeeded better than I cou'd have even hop'd, without the least Recommendation to any Gentleman in the Reg^t. I got some indeed in Glasgow but they were to Flanders. I wrote from Edinburgh t'other Day to M^r Cairnochan, who had offer'd his Warrant for £50 in Edinburgh. Whether he has dispos'd of it or not I can't tell, but I am pretty sure he had lost All Expectation of me, a good while ago. The Horse's back is grown quite well, & he will be of great Use to me, as I wou'd had to have purchas'd one here, & I shall be Allow'd 6^d ℔ day for keeping him.

Barrowstoneness April 1^st. I came here last night, & have got very good free Quarters. The Officers are all very agreeable good natur'd Gentlemen, & rejoice to find me An Irishman, as most of them are of y^t Country. We all Eat together, in such a town Where we make the best Company Ourselves, there is no Distinction Observ'd; I must again tell you, I hope to be very happy here, & to learn my Business too, as Our Surgeon, the More I am Acquainted with him, pleases me the Better; Only w^t I shall do for Cloaths, specially, if we have to leave this or to be reviewed, I am utterly at a loss to Determine.

Pray remember me most affectionately to all Friends, & I beg you may write immediately. You May Direct to me as Surgeon's mate to L^d George Sackville's Reg^t at Barrowstoneness, I am D^r Father y^rs Most Sincerely,

UPTON SCOTT.

[The above letter is addressed to "Mr. Francis Scott in Templepatrick, near Antrim, Ireland. By Port Patrick," and is endorsed "Pd. 2^d."]

Camp near Ouden bosch
Oct $^{19}/_{30}$ 1747.

D^r Father

I wrote you from Williamstadt, Immediately after Our Landing there, & wou'd have Wrote you since if anything Worth Notice had Occurred: We have Lain very quiet here ever since we came Over, without thinking of Disturbing the French, altho' we cou'd hear Evry shot, that pass'd at Lille & Fort Fredrick Henry, Which the French took since we Came Over. They Are Since gone into Winter Quarters, & we Expect to follow

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their Example in A Day or two as the Duke is now at the Hague Setling them; All the English Battalions will be in Breda, Bois le duc & Gertrydenburg, Which are All Within twenty Miles of One Another you may Direct to Me in L^d^ Sackville's Reg^t^ Lying in Breda as I believe we shall be there & there will be no Danger of its Miscarrying. I beg you wou'd not Neglect Doing it, as I have Only hear'd from you Once, since I left Ireland.

When I wrote last I mentioned y^e^ Weather's being very bad, but since that we have had the Most surprisingly fine Weather, y^t^ cou'd be Expected in this Advanc'd Season of the year, altho now it is turn'd very cold, & the Men are beginning to grow more sickly y^n^ they were at first.

As a Number of Our Officers will go over to England to Recruit as soon as we are well setled in Winter Quarters, I shall write by some of them, & I hope I may Expect y^r^ Answer. I am D^r^ Fath^r^ with the greatest Affection y^rs^ most sincerely U. S.

P. S. Pray Remember me to all Friends & let my Brother Know, I might have Expected to have heard from him before this.

[The above letter is addressed to "Mr. Francis Scott in Templepatrick, near Antrim, Ireland."]

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD JULY 11, 1899.

REGULAR meeting held July 11, 1899. Dr. J. W. Henson in the chair; Mark W. Peyser, reporter.

Dr. Hugh M. Taylor read a paper on the "Surgical Complications of Typhoid Fever" (see page 101).

Dr. J. N. Upshur said that Dr. Taylor's paper made a forcible impression for several reasons. He believed that there could be no question of abdominal surgery of more interest or importance than this. One obstacle in the way of the advance of abdominal surgery for intestinal perforation in typhoid fever was that the careful physician found it difficult to reach the point of moral action in these weak cases where the high fever had produced a serious condition of the heart, contraindicating anesthetics. This was the great difficulty to be overcome. On the other hand, as Dr. Taylor said, death was inevitable without the operation. Any physician who neglected to advise the procedure was not discharging his duty to the patient. If we went ahead with the single idea of duty many lives would be saved. The more he thought of the operation and its success, the more he observed typhoid fever, the more he was convinced of his duty. He had never entertained the idea that anything in the way of medicine could heal an ulcer when perforation had occurred. In every case of perforation he had ever seen life terminated promptly within forty-eight hours, and this should strengthen us in advising that the operation be performed.

Dr. Landon B. Edwards said he had long been an advocate of the operation, and endorsed what Dr. Upshur had said. Being impossible for any medicine to reach and heal the wound of perforation, he was in favor of operating as soon as there was a plausible indication that perforation had occurred. If there was localized pain in the beginning, and continuing for some time after, with either the classical signs of rapidly-developing peritonitis or of shock from perforation, he would advise operation. Time was wasted in trying to heal the perforation by medicine. The people need to be educated on this point.

Dr. Hugh M. Taylor, in closing the discussion, said that he thought perforation of the intestines, and death as a result, was more common than believed. The cases he had reported were not all that he had seen in his practice nor all that he had operated upon. The first case was that of a physician's brother, who was thought to be convalescent. One morning he was aroused early by abdominal pain, followed by a violent chill. Perforation was at once recognized and the information telegraphed to his brother, who replied that, if so, he was bound to die, and he did not wish to see the end. Operation was nevertheless advised, but the

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people held back some time (three days), and then consented. Death supervened. The second case was seen in consultation with Dr. Virginius Harrison at a late period of the disease and died within twenty-four hours after operation. The third case was that of a young woman in whom the perforation was recognized at once. Operation advised, was refused, and she died within twenty-four hours. To accomplish any good the operation must be done in the incipiency, prior to sepsis; therefore the diagnosis must be prompt. In conclusion, Dr. Taylor emphasized a former statement, that the so-called classic symptoms of perforation were not guides of importance, but in abolished peristalsis and muscular rigidity particularly we have reliable indications, and in many instances the clinical picture is well defined.

REPORTS OF CASES.

Dr. Stuart McGuire reported two interesting cases of abdominal sections done during the past week, illustrating the difficulty of making a positive diagnosis in certain instances, and the frequent necessity of making an exploratory incision to determine the nature of the trouble and correct the pathological condition found.

Case 1. A woman, aged thirty-three, married, mother of two children, the youngest being seven years old; had menstruated regularly and been in good health until recently.

Eight weeks before her admission into St. Luke's Hospital she was suddenly taken with violent pain in the right side of the abdomen, which was followed by fever, the temperature going to 103°, the attack confining her to bed for a week. At the expiration of that time she was able to get up and partially resume her household duties, but there followed at short intervals four similar attacks of pain, though none as violent as the original one. On reaching Richmond she walked from the station to the hospital, and when first seen was up and dressed and going about her room. Palpation of the abdomen showed a general rigidity of the abdominal muscles, and deep pressure elicited pain in the right iliac region and detected an illy-defined enlargement. The bowels were regular, there was no fever, and the general condition of the patient fairly good. The case was supposed to be one of appendicitis, and an operation advised. Owing to the uncertainty of the diagnosis the incision was made in the median line. When the peritoneum was reached it was found to be black in color, and on opening it the abdominal cavity was found to be filled with clotted blood. Ectopic pregnancy was at once suspected, and the hand carried down to the fundus of the uterus found a large mass on the right side. Omental and intestinal adhesions were firm and numerous, but were rapidly broken and the tube and ovary brought through the abdominal wound. They were ligated and removed, the abdomen thoroughly washed out with sterilized water, a glass drainage tube inserted and the incision closed. The patient has had no bad symptom and is now out of danger. The specimen was exhibited to the Academy and proved to be a beautiful illustration of tubal pregnancy, the fetus having reached about the second month. The interesting feature in the case was the fact that for eight weeks the woman had retained in the abdominal cavity a quart or more of clotted blood, which had caused no elevation of temperature, and except for the recurring attacks of colicky pain—plainly due to renewed bleeding from the ruptured tube—she would not have thought it necessary to seek surgical aid.

Case 2. A woman, aged thirty-five, mother of six children, the youngest only a few months old, had a sudden and acute attack of abdominal pain some weeks ago, which was diagnosticated and treated by her physician—an exceedingly clever man—for appendicitis. She slowly recovered from the attack, but about four weeks afterwards had a recurrence of her former symptoms. She was first seen in consultation at her home, and the diagnosis of appendicitis was concurred in, but as the symptoms were subsiding, and the conditions in the country for an operation were unfavorable, it was advised to wait with the hope that the patient would be strong enough to be moved to Richmond. She was brought to St. Luke's Hospital a week ago, and, when

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admitted, was found to have a temperature fluctuating between 99° and 101°, considerable rigidity of the abdominal walls and great tenderness on pressure over McBurney's point. After the usual preparation the patient was placed on the table and an incision for appendectomy made. The appendix, when brought into view, was found free from obvious disease, but was removed and a thorough search then instituted to detect the cause of the trouble. An examination of the ovaries, tubes, uterus and kidneys gave a negative result, but on carrying the hand high up to the under surface of the liver the gall-bladder was found impacted with stones. A second incision was made parallel to the external border of the rectus immediately under the costal arch by cutting from without inwards on the fingers as a guide. The gall-bladder was brought into the wound and opened. Three large stones were removed, the cut edges of the viscus stitched to the margin of the peritoneum and the wounds closed. The patient has done well and is practically out of danger. A considerable quantity of bile is now escaping from the fistula, but as the patient gives no history of jaundice, and as the ducts are therefore open, the wound is expected to heal shortly and the bile to resume its course through the normal route. The stones were exhibited and looked like very large dice, being cuboidal in shape, with their surfaces ground to smooth and polished planes by constant friction and attrition one with the other.

Medical Progress.

THE AMERICAN VOICE.—At the congress of the American Laryngological Association recently held in Chicago, says the British Medical Journal, Dr. John W. Farlow (Boston), who must be a bold man, read a paper on the "American Voice." Among the many natural endowments of our gifted cousins the quality of the national voice can hardly be counted. Dr. Farlow admits that it has a nasal twang, and the question he set himself to discuss is whether this is due to catarrhal or other pathological conditions of the upper air passages. There is a general impression that such conditions are relatively very frequent among the citizens of the United States. Indeed, if we may judge from the text-books of the specialists of that country the average American nose must be a museum illustrating most of the diseases and deformities with which that part of the human fabric can be afflicted. But, as Dr. Farlow correctly points out, the nose is not the determining factor in the formation of the nasal voice. The twang appears, like smoking, to be largely a matter of imitation. But the defect must have been fairly prevalent before it became so fashionable as to be an object of imitation. Owing to the great influx of foreigners into America the English tongue is mangled and outraged there more than anywhere else, and Dr. Farlow admits that his countrymen are quite indifferent to purity of accent or correctness of speech. He therefore urges that children should be carefully trained in the use of their organs of speech, and pains should be taken to prevent them from forming themselves vocally on an *exemplar vitiis imitabile*. Dr. G. Hudson Makuen (Philadelphia), in discussing the question, gave it as his opinion that the American voice is due to the excessive tension of modern American life. How this tension affects the vocal organs is not very clear, but as Dr. Makuen goes on to affirm that "the active anatomic factor in nasal voice is probably a low-hanging palate during speech" it must be inferred that the tension of life in some way causes relaxation of the velum. The remedy which he suggests is to train the levator palati muscles by making the patient practice several times daily with open mouth before a mirror. The "patient" will be obliged to segregate himself as carefully as if he were learning to play the fiddle. Dr. Amory De Blois (Boston) thinks the voice is all a matter of race. The German has a guttural voice, the Yankee has a high-pitched voice, while the English voice, "no matter what the social rank, is always of an agreeably low pitch." Dr. De Blois has evidently never heard the newspaper boys shriek "Winners!" or "Horful Murder!" in the Strand. It must also, we fear, be confessed that the

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voices of our fashionable ladies are too often remarkable for their un-Cordelia-like quality. On the whole, the debate threw little light on the mechanism of the American voice, which we are inclined to regard as due to some peculiar condition of the nasal sinuses and other parts of the resonating apparatus. This may be caused by climatic influences; but, however it is produced, its effect on the voice is aggravated by a bad habit of speech which will never be corrected, because patriotic Americans look upon it as one of their national institutions.

* * *

THE EVIL OF CONTINUED MENTAL ANXIETY.—"Some years ago," says a writer in the Medical Record, "I collected the statistics regarding the lives of stock-brokers in a certain city, and was surprised to find that nearly every person who lived a sober life and continuously studied the ups and downs of the money market failed either mentally or physically in a short time—less than a dozen years—ultimately disappearing from active life. On the other hand, the men who were operators of great skill and coolness, and who lived regularly most of the time, but occasionally gave way to the drink habit and disappeared several days at a time on account of helpless drunkenness, lived longer and had fewer mental disorders. This, of course, cannot be construed into an argument in favor of drinking even occasionally, but was to my mind a very strong indication of the benefit coming from the occasional complete relaxation from intense mental anxiety. Frequent vacations passed in the woods or at the seaside, without social duties, and where temporarily men could resort as nearly as possible to primitive life, even for short periods, would, I am convinced, be much better. Protracted anxiety without rest breaks more men than does hard intellectual effort."

* * *

THE SURGICAL TREATMENT OF DROPSY.—The difficulty of evacuating fluid from the cellular tissue of dropsical patients is very considerable. Simple incision has long been employed for that purpose, but the danger of infection is very great. The dropsical fluid forms an excellent culture medium, and the infection once beneath the skin and well distributed into the cellular tissue breeds very rapidly and not infrequently ends fatally. An aid to this process is furnished by the weakened resistance of the patient and by tissues that have long been distended by dropsical accumulation. Recently Borgherini (Medicine) has devised a plan based upon an old method, but one which seems to meet surgical indications in these cases. The dropsical limb is first made surgically clean, being scrubbed with soap and water, then with alcohol, then with an antiseptic. After this, four incisions are made—two in the calf and one over each malleolus. Over this an aseptic gauze dressing is applied, and it is all held loosely in place by a sterilized rubber bandage. The rubber bandage is left open at the heel, from which the water drains into a basin, the patient sitting on the edge of the bed or in a chair with the feet down. The dressings are changed each twenty-four hours.

* * *

CANCER OF PANCREAS.—Tolot (British Medical Journal) reports a case of cylindrical epithelioma confined to the body of the pancreas. The patient was an adult male, subject for a year to a pulsating tumor in the epigastrium, with a distinct souffle, but no expansion as in aortic aneurism. There was cachexia, not advanced at the date of death—vomiting was absent. Icterus was not observed till a few days before the patient's decease; the urine was then mahogany-colored, without bile-pigment reaction. The gall bladder was not dilated. At the necropsy the body of the pancreas was found to be the seat of cancer. It adhered to the stomach near the cardiac end, the coats, except the mucous membrane, being infected. The head of the pancreas was quite healthy. In the liver were large metastatic foci, not the small spots, like candle-grease stains, often seen in association with pancreatic tumors. The seat of the tumor explained the absence of any symptoms of compression of the biliary ducts. The growth had originated in the excretory ducts of the pancreas.

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Medical • Journal.

PUBLISHED WEEKLY.

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BALTIMORE, AUGUST 19, 1899.

Bronze Skin in Childhood.

SKIN-BROWNING in the young child may be due to various causes—to sunburn, to malarial, arsenical and other cachexias, to the changes associated with that ill-comprehended disorder or group of disorders called hysteria, and in a mild degree to hereditary syphilis (the "cigarette smoker's" stains on brow and face). Of all the conditions in which it occurs, however, that associated with disease of the supra-renal bodies is the most interesting. Formerly supposed to be almost unknown in early childhood, its occurrence is now more and more frequently noted, until even a case beginning in the first week of life has been noted (see two interesting articles in *Archives de Médecine des Enfants* for September). This patient lived two months, and at death the bronzing had acquired all the intensity to which it attains in the adult.

The discoloration of the skin in these little patients does not differ from that observed in older subjects. Usually thin and feeble, but sometimes apparently robust and well developed, they acquire gradually a pigmentation increase in areolae, genital organs, groins, umbilical region and axillae varying in degree "from the color of *cafe-au-lait* to that of black coffee." While these parts are most notably affected, the face, neck and hands are likewise involved, and the other covered parts in diminishing degree of intensity. The hair may turn from blonde to dark brown, and there are patches of brown on the inner surfaces of the mouth.

The patients have nearly all of them widely disseminated tuberculosis, and the bronzing is simply a sign that the supra-renal bodies have been invaded. Occasionally the cause is a cancer or other disease of these organs.

It has been conjectured that pyrocatechine, which under certain conditions turns to brown when exposed to the air, is thrown into the blood in this disease, but nothing definte has been determined on this point.

Being widely tubercular, it is not surprising that all these patients soon die, the supra-renal affection being sometimes a terminal event. It can hardly be hoped that the administration of the supra-renal extract or powder, which is alleged to have wrought some improvement, will appreciably lessen the mortality or change the prognosis.

* * *

British Aggressiveness.

THE average Britisher is nothing if not aggressive. If the slightest thing does not suit him, does he keep quiet over it and perhaps only tell his neighbor? Not he. He promptly rushes into print and airs his grievances over columns of valuable space. The American is usually too busy for such complaints, and hence the Englishman, as a rule, gets more than the American in many ways, and wrongs stand a better chance of being righted with the former.

For instance, in the medical profession in England the large number of clubs formed to give cheap medical attendance did great harm to many physicians, and the prominent and influential medical journals teemed with articles on the "Battle of the Clubs," and this hard work had its good results.

The English journals have now taken up the subject of abortion and immoral massage-houses, and they do not mince matters, for they copy boldly the advertisements of the quacks who advertise to cure female irregularities and the houses where young women perform massage on baldheaded men.

This "kicking" will also have its good work, and legislation will in part close up these two forms of nefarious business.

In Baltimore there have been, as far as is

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known to this JOURNAL, no immoral houses of massage, but the abortionist plies his and her trade without interruption, and even when one is occasionally indicted by the grand jury it amounts to nothing, as on some legal technicality he escapes, only to go on with his work again. The fault lies in part in the natural apathy of the profession. It would take a very bold man to attempt to drive out the abortionist. Great wrongs are done and the papers may have an account of the death of a young girl under peculiar circumstances, and the people say. "How terrible!" and that ends the matter.

If we had more British aggressiveness perhaps we would air our grievances to some purpose and carry out many reforms which should come.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 12, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	3
Phthisis Pulmonalis	1	22
Measles	2	..
Whooping Cough	4	1
Pseudo-Membranous Croup and Diphtheria.	12	6
Mumps	..	..
Scarlet Fever	4	..
Varioloid	..	..
Varicella	2	.
Typhoid Fever	*11	6
La Grippe	..	..

*3 cases imported.

The Charité Hospital at Berlin is in process of being rebuilt.

An international conference to discuss syphilis and venereal diseases will be held at Brussels in September.

Norfolk physicians threaten to have another medical school there. It is said that the growth of the city justifies this step.

San Francisco physicians have started a black list against wealthy patients who persistently refuse to pay what is asked of them.

The physicians of Rockingham county, Virginia, have organized a county medical association, the object being the advancement of the profession.

Dr. Maria M. Gross, the second woman physician in Chicago, died in that city last week. She was born in March, 1833, and had practiced medicine in Chicago since 1863.

There is a movement on foot in Russia to establish sanatoria for consumptives in the numerous monasteries, the majority of which are situated in healthy regions, have spacious rooms and are able to supply fresh milk, eggs, etc. The monasteries should be thoroughly cleaned first.

A Montreal man has invented a pneumatic boot sole. When you lift your foot the sole fills with air, and when you put it down you squeeze out the air round your sock. This ventilating process keeps the feet dry and cool, it is claimed.

The State board of health of West Virginia, composed of Dr. G. B. Blubaugh, president; Dr. A. R. Barbee, secretary, and Drs. Meyer, Spangler and Flowers, met at Charlestown to examine applicants for license to practice medicine. There were about fifty applicants present, who hail from all sections of the State.

Three deaths are announced this week among physicians formerly well known in Baltimore. Dr. F. H. Fincke, who died last Sunday in Chicago of appendicitis, was thirty years of age and a son of Prof. Fritz Fincke, formerly of the Peabody Conservatory of Music. He was a graduate of the University of Maryland and had been an assistant resident physician at the Johns Hopkins Hospital. He was a member of Commissioner-General Peck's staff, and had been assigned to duty as expert in medicine, surgery, dentistry and chemistry in the Department of Liberal Arts and Chemical Industries at the Paris Exposition. Dr. Joaquin M. Perez died at his home in Santa Spiritus, Cuba, after a lingering illness, at the age of seventy-one years. He was a native of Cuba, but practiced in Baltimore for many years. Dr. M. L. Perez, a Baltimore physician, is a son. On last Tuesday Dr. H. R. Fetterhoff died at the residence of his son, Dr. Ira L. Fetterhoff, in Baltimore, of cancer of the tonsil, at sixty-two years of age. He was graduated from the Hahnemann Medical College of Philadelphia, where he practiced for the past two years. He was for fourteen years a practitioner of Baltimore.

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Washington Notes.

Maj. Robert H. White, retired, after thirty years' service in the medical department United States Army, has resigned. His resignation has been accepted by the President.

There were 104 deaths in the District last week. Of these, fifteen were from diarrheal diseases, four from diphtheria, six from typhoid fever and two from cerebro-spinal meningitis.

Adjutant-General Corbin estimates the casualties in the army during the war with Spain as follows:

	Killed.		Died of Wounds.		Died of Disease.		Aggregate.
	Officers	Men	Officers	Men	Officers	Men	
In Cuba.....	21	223	10	64	34	888	1,240
Porto Rico.....	..	4	..	8	4	251	267
Philippines.....	20	233	10	82	11	369	725
Hawaii.....	..	...	..	..	..	64	64
At Sea.....	..	...	.	7	9	204	220
United States..	1	5	2	6	106	3,985	4,105
Total.....	42	465	22	167	164	5,761	6,621

Book Reviews.

THE PRINCIPLES OF BACTERIOLOGY. A Practical Manual for Students and Physicians. By A. C. Abbott, M.D., Professor of Hygiene and Director of the Laboratory of Hygiene, University of Pennsylvania, Philadelphia. New (fifth) edition, enlarged and thoroughly revised. Handsome 12mo, 585 pages, 109 illustrations, of which twenty-six are colored. Cloth, $2.75 net. Philadelphia and New York: Lea Bros. & Co.

That a new edition of Abbott has appeared so soon certainly gives evidence of its popularity and value. This is the fifth edition in two years. This edition is not very much changed, but it has been thoroughly revised and new chapters on technique, which changes so often, new theories on immunity and new illustrations have been added. As all the previous editions have been noticed in these columns a more extended review is superfluous.

THE AMERICAN MEDICAL QUARTERLY. A Magazine of the Medicine of Today. Vol. I, No. 1. New York. 1899.

This is a new publication which appears, as its name indicates, once in three months. Although there is no name on the editorial page, it is known that it is the journal which was announced some time ago to appear under the editorial management of Dr. William Warren Potter of Buffalo. This number contains many good articles by men with names, such as Mathews, Hare, Mann, Read, Krauss, Tait, Wende, Nancrede, Roe and Fox. The size of the journal is convenient, its type clear and illustrations abundant. If it meets with the desired success it will probably be made a monthly.

REPRINTS, ETC., RECEIVED

The Milk Supply of Cities—Can It Be Improved? By H. V. Marcy. Reprint from the *Journal.*

The Use of Gloves in Surgery. By W. R. Lockett, M.D. Reprint from the *Philadelphia Medical Journal.*

Diarrhea and Bacteria. By Charles D. Aaron, M.D. Reprint from the *New York Medical Journal.*

The Early Diagnosis of Cancer of the Stomach. By Charles D. Aaron, M.D. Reprint from the *Journal.*

The Radical Cure of Inguinal Hernia by Fowler's Method. By H. O. Walker, M.D. Reprint from the *Leucocyte.*

Caries of the Teeth and Diseases of the Stomach. By Charles D. Aaron, M.D. Reprint from the *Charlotte Medical Journal.*

The Treatment of Heart Disease by Saline Baths and Resisted Movements—Schott Method. By Charles L. Greene, M.D. Reprint from the *Journal.*

On a Form of Degeneration of Striated Muscle Met With in the Uvula. By A. E. Hoen, M.D. Reprint from the *Journal of Experimental Medicine.*

A Clinical and Histological Study of Certain Adeno-Carcinomata of the Breast, etc. By W. S. Halsted, M.D. Reprint from the *Transactions of the American Surgical Association.*

A Case of Concentric Displacement of the Heart to the Right, Presenting Some Unusual Features. By Charles L. Greene, M.D. Reprint from the *Philadelphia Medical Journal.*

Shall Absorbable or Non-Absorbable Ligatures and Sutures be Employed in Hysterectomy and Salpingo-Oophorectomy. By Chas. P. Noble, M.D. Reprint from the *Medical News.*

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MARYLAND
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Original Articles.

REFLECTIONS AT THE THIRTY-THIRD MILE POST IN MY PROFESSIONAL CAREER.

By William F. Barclay, M.D.,
Pittsburg, Pa.

READ AT THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA, AT MARKLETON, PA., JUNE 22, 1899.

PROSPECTIVELY time seems long, indeed never-ending, but retrospectively it is short as a day in review. It seems as yesterday in my professional career on July 13, A. D. 1866, I began the practice of medicine in Saltsbury, Indiana county, Pennsylvania. Had it been my province to choose the time I believe no more propitious date could have been selected in the history of the United States. Neither could fate have cast the lines for me in a more pleasant place. It seemed that poverty, good health, necessity and indefatigable industry were my best fortune. As it were, today I was penniless, tomorrow friends came in quest of my professional services, such as they were. Impelled onward by the circumstances of my life, I made the very best of my situation. I knew that my best services guaranteed my future, be it prosperous or disastrous in my history. Survive or perish I determined it must be with the strength of every energy that I possessed that the future should record my fate. It seems to me today that a firm reliance in God and a determination to succeed have formed my professional history, of which I prefer to leave others speak. We consciously have the satisfaction that we have honestly and earnestly fulfilled our obligation in all that we have undertaken to our best ability.

In a reasonable manner we comparatively measure our success and failure in that which we undertake, not being prompted by the opinions of others to overestimate ourselves. Intelligence teaches us that when we receive most approval from others we deserve least; on the contrary, when we receive condemnation from others we deserve praise. It is the monitor in our breasts, when sustained by just motives and pure principles, which enables us to stand approved or condemned in our own estimation. I mention the propitious time of my advent in the profession of medicine at the close of the late Civil War, when times were prosperous, business good and money plenty. The necessities of life were at war prices, but the earning power of labor never greater and the general distribution of money amongst the people never more equable. The demands of the people upon the profession of medicine at the time referred to were commensurate with the advances in medical science.

The advantages of the times to which I refer, so far as a medical education were concerned, were good—equal to, if not superior, to the present. The statement that the advantages afforded the student from 1862 till 1866 may seem at variance with the advances in medical science, but I am reminded of the men who were prominent at that time as practitioners and teachers in medicine. I refer especially to the immortal names of Gross, Pancoast, Dunglison, Dickson, Wallace, Biddle and Rand at Jefferson Medical College, Philadelphia, Pa.; also to Flint, Sr., Frank H. Hamilton, Flint, Jr.,

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Hutchison, Enos, Gilfillan, Eaton, Skene and others, who have never been equaled and certainly never surpassed in medical science as didactic teachers in medicine. All have fallen asleep except Flint, Jr., and Skene. These names form a galaxy in the firmament of medical history that has never been outdone, and I honestly doubt if they may be ever equaled in erudition and medical learning. Of them and their labors we are justly grateful and honestly proud in reference to the greatness of their achievements in the profession of medicine. Professor Gross was a man of unusual presence, and at once impressed the student as a man of noble nature and most profound learning—indeed, in advance of the times in which he lived. No one ever regretted having matriculated in Jefferson Medical College during the time Professor Gross taught surgery in that justly renowned institution. Professor Pancoast was a brilliant and fascinating teacher, and as an operator never lost an opportunity in making impressive the work which was being done, at all times doing and saying the opportune thing at the moment when it was most impressive. It was at all times pleasing and instructive to be present at his lectures, which were distinctive and characteristic of his peculiar genius. Professor Dickson was scholarly grave at all times, never laughed himself or approved of it in others, but he taught the theory and practice of medicine in a masterly way that commanded the attention and respect of all who listened to his lectures.

Professor Wallace was a man of splendid physique, most careful of his personal appearance; fond of praise and applause, he seemed to enjoy the frequent and prolonged applause of his hearers; withal a good teacher.

Professor Biddle was a grave man in his deportment, of few words, concise and correct, with thoroughness not excelled in all the vastness of his subject, nothing being overlooked by him in his lectures.

Professor Dunglison was the most scholarly doctor I ever met, being an authority and lexicographer who will never be excelled, as well as a most instructive lecturer in physiology, with quaint illustrations born of vast learning. He was the most critical philological teacher of his own or any future time, since his brilliant career terminated in an irreparable loss to the profession he so highly honored by his life work.

Professor Rand was eccentric and attracted his hearers by a most comprehensive knowledge of medical chemistry and a determination to ascertain how much the student had acquired of a subject which was uninteresting and distasteful in the medical college curriculum.

Last, but not least, Dr. William H. Pancoast supplied in the course of instruction in the science of anatomy that which his distinguished father overlooked, and faithfully warned the student of the dangers of the greenroom, and no doubt those who investigated this mystery discovered that the logical and forcible dissertations of this most eloquent teacher were well founded from intimate knowledge of his honored father's power to intimidate the aspirant for the degree in doctor of medicine. At New York a not less distinguished body of men characterized my alma mater by brilliant records in the profession of medicine.

I would remark that it has been an advantage to me in having attended two medical schools before my graduation. I would recommend this course to others in acquiring a medical education. Professor Flint, Sr., the greatest teacher in theory and practice of medicine who has lived in our country, the scholar who has outdone all others in his writings in the branches to which he devoted his extraordinary energies. Professor Flint, as a clinical lecturer and teacher, has a place that stands easily above all others, as no one at all acquainted with his work as a lecturer and teacher would award him a less meed of merit than the first in his profession. Prof. Austin Flint, Jr., the son of Professor Flint, Sr., the original forcible lecturer on physiology, who demonstrated his lectures by vivisections. It seemed to me of little moment to Professor Flint, Jr., whether animal life be sacrificed in demonstration on the altar of science or in the acquirement of knowledge. To this day I recall his manner of demonstration and his forcible eloquence in the lecture-room, as well as his meth-

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ods in quiz to confound and dismay the student. It may be fairly stated that Professor Flint, Jr., is the most eloquent medical lecturer living at the present time, and not less truthfully stated that he is the greatest of living physiologists. His lectures were delivered extemporaneously, his manner earnest and his delivery rapid, so that no stenographer could have correctly taken his lectures. In comparison, his distinguished father's lectures were always written and delivered from his manuscript. His lectures were in ideal style, his language was elegant, his diction natural, his logic perfect, his manner earnest, his gestures graceful —withal the most forcible lecturer to whom I had the fortune to listen in my preparatory medical education.

Prof. Frank H. Hamilton, the greatest lecturer on fractures and dislocations living or dead who has lived in this or any other country. He was the esthetic surgeon of whom a volume might be written and the truth not half told. I recall his genial presence and pleasant address, ever kind and considerate of the feelings of all with whom he had to do. To the student he was at all times his best counselor and friend, beloved by all of the members of his classes. I recall an inquiry by him after his lecture as we hurried to catch the boat at the ferry to Blackwell's Island. "Barclay, who is the student on the upper row of seats who always comes in late and wears lemon-colored kid gloves?" "His name is ——." Professor Hamilton replied: "I am sorry for him in the greenroom; he is certain to be plucked," which final examination demonstrated to be a correct prognostication.

Professor Hamilton was the most humane surgeon whom I ever met, and his oft-repeated advice was, "Gentlemen, never unnecessarily inflict pain;" "gentlemen, it is always best to ascertain if a luxation exists and be absolutely certain that it has been properly reduced and securely kept in place."

Professor Gilfillan, the terror of us all, never seemed more comfortable than when he had us on the rack. Professor Chapman, the ripe scholar, the profound teacher, fortunately for us all was quite deaf, which added largely to our individual grades in quiz. Professor Enos, the genial, kind, good man, who taught anatomy and declared it a dry subject. Professor Eaton, who taught medical chemistry in absence of Professor Doremus, was forcible and clear, who often said the science of chemistry was inexhaustible, and that no mere man could ever comprehend more than the rudiments of the subject. After eleven years of practice I returned to New York and attended two full courses of lectures, which were restful and instructive.

I may, perhaps, overestimate the times in which I pursued my medical education and the men who taught medicine in the schools which I attended, but I feel sure at no time since has medicine been taught more efficiently in medical schools. It is fitting on an occasion like this that I refer to my preceptor, Henry G. Lomison, M.D., of Greensburg, Pa. I studied medicine in Dr. Lomison's office for over two years, and I presume no one could be more truthfully called a taskmaster than my preceptor. Lessons were assigned and directions as to the time which should be consumed in preparation of the lessons assigned. I was required to memorize all classifications of subjects in text-books, as well as to familiarize myself with the subject-matter. It seems that the custom of a pupilage in a preceptor's office is largely left out of the preparatory course in the student's preparation for the practice of medicine. It was my good fortune to locate in a community where one of the best physicians it has been my privilege to meet had lived and practiced medicine for over forty years. I refer to Dr. Thomas Murray, well known in Western Pennsylvania as one of the most successful physicians of his time. Dr. Murray was a grave, severe man, one who had little in common with his professional colleagues. None knew him but to fear him, as his unerring powers of diagnosis and special therapeutic knowledge made him one of the most skillful practitioners of his time. His kindly recognition and kindly assistance was the valued relationship which was to me most opportune in my early professional trials and tribulations. I

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may be pardoned for this reference to my opportunities in my professional school training, nor is it without a just pride that I refer to the time and men which had to do with my early training for the profession of medicine.

I cannot believe that the opportunties of the present are more advantageous in the obtaining and procuring that knowledge which fits the student for successful practice of medicine. The profession of medicine in general is kindly in that which pertains to the general welfare of the physician in particular. I believe there is not that fraternity which should characterize a learned profession in its individual membership for the best interest of scientific medicine. It is not as to who shall be greatest, but rather who shall accomplish most for God and man in the great work for which we have consecrated our lives. While we may differ as to the aims and objects set out in medicine, we cannot but realize that our mission comprehends allegiance to the highest and best purposes of our natures, in that it is of divine origin to go about doing good, to heal the sick, encourage those who are cast down, as well as realize that he who giveth a cup of cold water in My name shall not lose his reward.

It would seem equally imperative that he who provideth not for his own household is worse than an infidel, and that the laborer is worthy of his hire. Many may have forgotten that time and talents are the prerequisites in the pursuit for which we have dedicated our lives, and that there is more required than is within the ability of human possibilities or the most determined efforts for the alleviation of the sick. It is well to consider charity and mercy, but it is possible to forget the truth that charity begins at home. It is a less task now than at a former time, when I called the attention of the members of this society to medical charity and endeavored to show that it was one thing to know where imposition ends and charity begins. That medical charity has, as practiced, injured and disgraced the profession of medicine to an irreparable degree all admit, but as to suitable measures for its restoration to the dignity of a scientific profession is a question which cannot be readily solved under present conditions. All are willing, but how shall it be done? I would answer by beginning at the very foundation.

Medical schools and colleges inculcate and practice the principles that damn the professional careers of their students by gratuitous clinical treatment of thousands of patients who are abundantly able to pay for medical services. The college professor is paid for his services by the institution in which he teaches medicine, and, at the same time, advertises himself, by which he obtains good clients and large fees for his services. Young men leave medical schools with the impression that the medical profession is a lucrative profession, and soon realize that its emoluments do not afford a decent livelihood. These men are honest at the outstart, but are driven to desperation and become harpies, seeking whom they may devour. All schools are alike, more especially the homeopathic, in which little preparatory education is required, the most superficial knowledge of the required sciences being considered sufficient. These men are permitted by the State to practice medicine.

Homeopathy is an exotic, and has made more inroads upon the system of legitimate medicine than all other systems combined. The regular school of medicine has contributed to the growth of this system of practice by a continuous warfare against homeopathy, which is at present practically a system of medicine of the past. It is doubtful if there is one homeopathic physician today in the United States who practices homeopathy as it was practiced by the originator of the system. All other schools are practically of the past, as there are not two systems of medicine in vogue at the present time. It would seem that specialism is at present the greater hindrance to the successful practice of medicine, and that it is, as other fallacies of its kind, being overdone—dying out from within itself. I have carefully studied physicians for one-third of a century of all schools and their methods, as well as the varied schemes set out to catch the public, and I have confidently concluded that the regular school of medicine is the only sys-

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tem which affords an honest man the privilege of conducting an honorable and useful life in the practice of medicine. It is possible to deceive the public for a time, but deceit is soon discovered and ignorance found out and the purpose of its practitioners set at naught by the people. Medicine as a scheme to profit by imposition is as barren as any field in human action. Physicians who have achieved fame and fortune have been men of purest moral character, with profound learning, accompanied with indefatigable industry. The representation of fabulous fortunes made in the searchlight of truth are always discovered to be overestimations of the truth, as the possibilities afford a comfortable livelihood, with a competence for old age.

The average doctor of today has a struggle to attain a comfortable livelihood under existing conditions in the pursuit of medicine, and each year records numberless failures and the turning aside from the profession of medicine for other callings which afford less responsibility and are more lucrative. It may be fairly stated that a larger number mistake their calling in the profession of medicine than any other pursuit in life. The difference in a profession and a business calling is distinctive, and it would seem that many fail to discern the essential difference whereby success and failure are distinguished. The choosing of the profession of medicine as a business venture certainly foretells disastrous failure. It would seem that the prospective life for the student of medicine, outside of a desire to consecrate one's life to the weal of humanity in the satisfaction which attends having done good to others, will not satiate the ambition of vigorous manhood and brilliant intellect. The mere routine of the average physician's life is a comedy of errors to which life and health, the most sacred things in human existence, are sacrificed. That the thought suggested is without consideration is based on the reflections of the most brilliant intellects in the final summing up of the work performed in the lives of distinguished men in the profession of medicine. I would not disparage the honest efforts of the humblest member of the profession of medicine, but I would emphasize the truth that human life and health are sacred, and that it is a sublime truth that he who would trifle with these things should carefully consider that it is a duty which angels might fear to assume, while the thoughtless venture without consideration.

Imposition and fraud certainly tend to the reward of violation of confidence in human action. The years of the past in our lives are the fruition of our energies in the results of physical and mental labor. To the extent of recorded facts and the retentiveness of our memories, our reflections are of material assistance in the conclusions of the present. Speculation is of casual worth in the conclusions of life, being, as a rule, the result of imperfect impression in the varied panorama which claim our daily attention. It is in retrospection that we gather material in the formation of the conclusions which are the basis of our best efforts in mental action. I do not care to discourage anyone who may consider medicine as a profession as being prospectively without hope of success, but to forearm all that it is a life of care, responsibility and disappointment. The labor of a physician's life is incessant, and the computation of that for which there is neither gratitude nor reward is beyond honest estimation in the computation of just reward for labor done. Church and State daily contribute to the imposition of physicians' lives in exacting more than is just in the time given to charity, in gratuitous service, nor is it possible to conceive escape from that which has grown to be an unbearable burden. Be it as it may, I care not to forecast the future, as sufficient unto the day is the evil thereof in the events of life in the history of human action.

I regret not the choosing of medicine as a profession in the reflections of my professional career, but declare there is nothing in it which claims the ambition of my life, except the good I have done, in that I have done more for others than I could have thought or asked them to do for me.

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THE RIGHT OF THE STATE TO ENFORCE VACCINATION.

By James U. Dennis, Esq.,
of the Baltimore Bar.

READ BEFORE THE LAST MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION.

It is not my purpose to discuss the merits of vaccination, but, assuming that it is efficacious in preventing smallpox, I would briefly consider the power of the State to compel its citizens to submit to this treatment.

As a nomad, man was a law unto himself. In blissful ignorance of microbes and the intricate paths of modern medicine, he walked the earth, a fatalist, taking whatever disease might come as a natural incident of a transitory life and an unwashed body. More or less of this individualism was surrendered in tribal relations to the chief of the band. At the next step in the path of progress the embryonic idea of government had developed to the point of recognizing absolute powers in the sovereign who was without responsibility save to revolutionary force, the lives and fortunes of his subjects being mere matters of his caprice.

The age of absolutism was closed by the signing of Magna Charta, which recovered for the individual some of these rights of which he had been so long deprived. Parliamentary restriction on monarchical power followed, and finally the American people declared their intention and ability to govern themselves and established a government of the people, for the people and by the people—an evolution from self-government of an individual to self-government of a nation. The spirit which prompted the demand of John and the ultimatum to George III still lives in us and we are quick to resent any invasion of our individual rights. But let us understand definitely some of the duties of the individual and it may reconcile us to what seems to be the exercise by the State of arbitrary power.

Society requires each individual to surrender a part of the absolute freedom of action which he enjoyed before he assumed social relations with his fellowmen. The requirements have differed as the conditions of society have changed, but they have always been based upon the rule that no member of society shall be permitted to injure his fellow-members. The enforcement of this rule, and hence the regulation of society, is given to the government, which is vested with the power to provide such laws as may be necessary for this purpose. Broadly stated, the government may impose upon its citizens whatever regulation it may think is for the good of the State, and the individual must suffer if the legislature considers that society will be benefited thereby. This has been so ever since there were social relations, and it is the duty of the individual to submit to such requirements as may be made, he being equally included in any benefit to society as a whole.

PROTECTION FOR SOCIETY.

The government in turn is called upon to protect society and aid its advancement, and by virtue of its existence is vested with the powers necessary to the performance of the duties which it owes its citizens. In our State government one of the greatest, as well as the most necessary, of these powers is called the police power. This name will doubtless be personified in the minds of many by a blue coat, brass buttons and helmet, but legally it signifies the authority of the State to protect lives, health and property by regulating the acts of private citizens. Particularly is the preservation of the public health a proper and necessary exercise thereof; indeed, this is one of the paramount objects of government, and undoubtedly laws may be made to prevent the spreading of disease and to promote healthfulness and sanitary conditions. The legislature is to determine what is necessary to secure and maintain the public health, and cannot be controlled by the courts, except where it exceeds the constitutional limitations of its authority. Therefore, if it is considered necessary for the public health, vaccination may be enforced by appropriate laws, just as cattle suffering from tuberculosis may be killed or nuisances abated. The State has power to prevent the pollution of a stream which might

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thereby carry infection to persons drinking water therefrom; much more should it have the right to compel an individual in daily contact with other members of society to take precaution against contracting a disease and exposing others to the danger of its infection. Nor does the fact that we are dealing with a person alter the case. We frequently find that the law of the land, enacted for the good of the public, runs counter to individual opinion. Few in the penitentiary would argue that penal institutions are a proper feature of government, and the inclination of the murderer would lead him to take any path save that to the gallows; but the legislature, in its care of the public, thinks differently. Though contrary to conscientious conclusion or rebellious disposition in the individual, the law should be unqualified in its application. To insert a conscience clause, as was done in the recent English Act of Parliament to enforce vaccination, is to defeat the purpose of the law and substitute the judgment of the ignorant and superstitious for the best medical thought of the age, which is based on fact that has in this instance been demonstrated for a century.

POWERS OF THE LEGISLATURE.

The powers of the State legislature are limited by the State and federal constitutions, and a State cannot exercise those powers which are given by the federal constitution to the national government. The police power was, however, left to be exercised by each individual State, and the power is not disputed, the questions which arise being as to the manner of its exercise. Almost all of these questions have arisen from the provision of three clauses of the federal constitution, viz.: (1) Whether the privileges and immunities of citizens of the United States are abridged; (2) whether the enforcement of the penalty is in due process of law; (3) whether equal protection of law is denied.

It is judicially held that the privileges and immunities in the clause first above mentioned are those arising out of the nature and essential character of the federal government and it was not intended to control the power of the State over its own citizens. The two other provisions are complied with if the legislative act is a general law applicable to all persons or all of a class of persons and regularly administered through courts of justice. We thus see that the State has the power to compel its citizens to conform to its health laws, and as to the wisdom and policy of those laws and the penalty for their violation the State legislature is the sole judge.

The State may create offices, commissions or boards, and invest them with powers looking to the protection of the public health, and the legislatures have generally provided for these subordinate departments of government, giving them authority to pass rules and regulations necessary to effect the object of their creation. These rules and regulations must not oppose existing statutes nor interfere with the liberty, property or business of the citizen more than is requisite to secure the lawful object in view; and if the authority to enforce vaccination is not distinctly given, but is included in general powers vested in a health board, then the element of actual necessity plays an important part in the enforcement of rules made pursuant to those powers.

The State of Maryland, in its laws for the protection of the public health, has especially taken precautions against smallpox. Since 1864 there has been a State vaccine agency, where fresh and pure virus is gratuitously furnished to the physicians of the State, and it is made the duty of every practicing physician in the State to vaccinate all persons presented or applying to him for vaccination. Under penalty, every parent and guardian is required to have his or her child vaccinated within twelve months after its birth, or as soon thereafter as practicable, and if they are too poor to pay for the service the authorities are required to compensate the physician.

In 1874 the State Board of Health of Maryland was created, and in 1880 it was reorganized with increased powers and authority to appoint local boards and advisory committees throughout the State, but its action in the suppression of an epidemic had to be approved in writing by the governor. Not until 1886 was it vested with power to take precaution

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against invasion by an epidemic. By the legislature of 1886 the duty was imposed upon the State Board of Health of Maryland, whenever it shall have cause to believe that there is danger of smallpox invading the State, to take such action and adopt and enforce such rules and regulations as it may deem necessary to prevent its introduction or spreading within the State, and if anyone disobeys these rules and regulations they are guilty of a misdemeanor and subject to a fine of $50 to $500.

Under this statute, and in view of what has been said, the State Board of Health of Maryland has power to enforce vaccination whenever it has cause to believe there is danger of smallpox invading the State.

THE KYPHOTONE.—At the meeting of the American Orthopedic Association Dr. Robert Tunstall Taylor of Baltimore demonstrated the kyphotone, a machine for the forcible correction of the deformity of Pott's disease. It consists of an arm attached to the upright from which the patient is suspended, by which pressure is brought to bear immediately over the most prominent part of the deformity of Pott's disease, thus securing the greatest possible amount of correction as the jacket is put on. He also exhibited an inclined plane of nickeled steel tubing, light and easily adjustable and eminently cleanly, for use in fractures and the treatment of deformities.

* * *

PEDIATRICS NEGLECTED. — At the American Pediatric Society, as reported in the Medical News, Dr. Henry Dwight Chapin of New York said: "My work has been mostly with post-graduate students, and I find that a large number of them are not well grounded in the principles of pediatrics. I think this is largely due to the fact that college authorities have not appreciated the importance of pediatrics and have not given it the proper place in the curriculum. It should not be tacked on to obstetrics or to gynecology, nor should it be treated as a specialty. It should be taught as a branch of general medicine."

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

XI.

THE FOUNDERS FROM THE WESTERN SHORE OF MARYLAND.

Engraved from tinted photograph in possession of Medical and Chirurgical Faculty.

UPTON SCOTT, M.D.,
of Annapolis.
1719—1811.

First President of the Medical and Chirurgical Faculty of Maryland. Received his diploma in Glasgow, 1753.

Dr Father

Within this Week past I Recd yrs as also one from my Brother, you can't conceive how much I was pleas'd, after Eight months Expectation to hear from you if you Remember When I left you, you Injoin'd me to write once a month, at least, this I always took care to do, but never cou'd be satisfied that you Recd them, 'till I had yr Answer. You seem Desirous to have several particulars, wch I shall now strive to satisfy you in. I have had variety of Venereal Cases, Agues, Fluxes, Fevers, etc. under my Care & always have had the good Fortune to have my management of them approven by Mr Corryn, &

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my Behaviour otherwise, by the field Officers, from every officer in the Regt I have Recd Marks of Kindness, & dont Remember ever to have given any of them any Reason to be Dissatisfy'd with me. But with Regard to a Man's pay. I have never apply'd yet to My Ld it is not done in evry Regt & my Ld is perhaps as strict an Officer as any in the Service, & I was advis'd not to risk a Refusal, as he had express'd his Dislike of My Predecessor's having it when he got the Regt, at least it was thot best to wait some favourable opportunity, when it might be done with some probability of success.

As to Forage Money, there is no such thing allow'd in England, But if we go over in the Spring as the Duke told my Ld we certainly shou'd, if any went, I shall Receive £3 : 15 : 0 to Buy a Horse. Besides the Regts now in Holland, will receive two Hundred Days forage Money for the time they are in Winter quarters wch it's thot we shall have a good Chance to get too, if we go Over. My Cloaths cost me about seven Guineas. I cou'd have made up as good in Belfast for £6.00, this has run me about two Guineas Behind, Which I hope to clear off next Muster; altho if we get orders to prepare for the Campaign, I shall be very hard put to, to get myself equip'd in Bedding & a Tent, these I must have, Besides twenty other things yt are necessary when We are oblig'd to take the field.

I was very sorry to hear of T. Wilson's Death, as he was a very pretty well behav'd Lad, But am rejoic'd to hear yt the honest Dr is still Labouring for the good of his fellow Creatures. Our Family & I believe the Whole World owe him more obligations, yn ever they can have an Opportunity of repaying him.

You need not Expect any News from this part of the World. Pray Remember me to all Friends, & let the Club know I shou'd think myself very happy to have an Opportunity of passing An Evening in their Society. I am ever Dr Father yr most affectionate son

U. Scott.

P. S. I have just now got two or three patients in the small pox wch One of Our Soldiers brot from Dover, altho' there is now & then an Opportunity of some little jobs, beside wt is my Duty, I have never made any Money yt way yet, as we never were long setled in one place.

Folkstone, Jan. 20th 174$^{7}/_{8}$

[The above letter is addressed as the last.]

Glasgow Feb. 26 1749

Dear Father

We are at last after long Expectation, arriv'd at this place; altho' the Season is very far Advanc'd, I shall attend both Dr Hamilton & Cullen the remaining part of their Lectures; I have taken Lodgings at Mr. Youngs, & Considering myself as a student have Detatch'd myself in a Good Measure from the Society of the Regiment. We have heard nothing since the first Accounts from Our four Companys at Shetland. But we Expect them Soon, & I, in particular long the more for their Arrivall, as Our Surgeon is with them, & as Our Men here are Sickly, my Attendance is absolutely Necessary, otherwise I shou'd Expect Liberty to Come & see you for two or three months. If you Approve of it, I believe it wont be Impossible, yt I may get Over in May or June; I beg you'll let me hear Circumstantially from you, as I have had only One Letter the twelve Months, from my Brothers & yt very short. You shall hear more particularly from me in my next. Remember me to all Friends, & Believe me Dr Father Most Affectionately Yours

U. Scott.

[The above has no address.]

Camp by Lough Loobnick
June 22 1749.

Dr Father

We are at last sent Where I was always Afraid we shou'd go, to the Roads. There are three Capts & Six Subalterns with three Hundred Men on ye Detachment. The Capts & Surgeon Have no Allowance. The Subalterns have each A Guinea p Week. Serjeants Corporals & private Men Have their Common Pay Doubled each Day they work. They are to Work in all Ninety Two Days, at Ten Hours p Day, Which will with Sundays & rainy Days, at least bring us to ye Midle of Septr after Which, I am pretty Secure of getting Leave To See you.

Altho there is no regular Allowance

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made for me yet I believe as I am put to very Considerable Expenses, by this Expedition, it will some way or Other be Made up to Me, in the Mean Time I Have Bought a litle Horse about three guineas price, for Which I shall Receive a shilling p Day to Draw Gravel, besides six pence for forage for Him. Our station is on y^e^ Road From Stirling to Fort William, the Road was Made last year From Sterling about Thirteen Miles, by Barrel's Reg^t^. We Have Begun where they left off & proceed farther into y^e^ Highlands, we are now working along the side of a Lough, in Which there are plenty of Trouts, & are surrounded With Mountains on Which we Have plenty of Moor fowl. So y^t^ I shou'd think my Situation much Better During the Summer Here y^n^ in Glasgow if it Has not Hinder'd me from seeing Ireland, I Beg you'll let me Hear from you. Direct to me Surgeon to y^e^ Detachment of L — Reg^t^ Encamp'd on y^e^ Roads near Sterling. I am D^r^ Father with Compliments to all Friends most affectionately y^rs^ U. Scott.

[The above is addressed to "Mr. Francis Scott in Templepatrick, near Antrim, Ireland. By Port Patrick."]

Bracmarr Castle June 22^d^ 1751

D^r^ Father

I wrote you before we left Dundee, & have not heard from you Since. I had a very troublesome March, as I was Sent by Sea with the Sick to Banff, from whence I had to make the Best of My Way to this place, from which it lyes fifty miles to the N. West. The Garrison we are in Now is a Castle fitted with a Barrack by the Government, from which we have a great many detach'd Parties, whose whole business is to patrol thro' the hills to prevent the wearing the highland dress & Carrying of Arms, as likewise to preserve the Country from thieves, who us'd before the Rebellion, when they had no troops here, to lay the whole Country under Contribution, or carry off their Catle.

We are Situated on the Banks of the Dee forty Miles from Aberdeen which is the nearest town to us, Surrounded by Hills y^t^ you can't have any Conception of, whose Tops are just now covered with Snow, & have not been known Otherwise, even in the Warmest Seasons. We are however very happy in having good Accommodations, & plenty of Evrything. Our Only dread is the danger of not being reliev'd in the Winter, in Which Case we shall be very wretched.

I should be glad you wrote more frequently. Remember me most sincerely to all Friends, not forgetting the Club, & Believe me D^r^ Father ever most affectionately yours U. Scott.

[The above addressed "To Mr. Francis Scott," probably enclosed with another.]

D^r^ Father

The principal part of the Reg^t^ marchd for Glasgow, last week. I expected to have gone with them, as I Acquainted my Brother in my last, but was left behind, to look after, the detachments, y^t^ are on the Highland Commands, there is very near, the half, of the Reg^t^ on this duty, they are scatter'd up & down, the whole Country, to prevent thieving, carrying arms, & wearing the Highland dress. We shall be in this situation about five Weeks more, when we march for Glasgow, & from y^t^ I shall go to Dumfries for the Winter. I have met with two inconveniencys in staying here, one is being oblig'd to buy a horse, to ride from One post to another, as, some of them, are Eighty Miles from the rest, the other, is, being disappointed, in paying, you, a visit, which I cou'd conveniently, have done, for six weeks, at this very time, so y^t^ I am afraid, I shall be oblig'd to defer y^t^ Pleasure for this Season, in the Mean Time I am very happy in living with a Captain who is my most particular Friend. In my last, I desir'd you might not write me before I came to Glasgow, but as this will be later y^n^ Expectation, I shou'd be glad you wou'd write immediately to Glasgow, y^t^ I may hear from you as soon as I get there, as I am very uneasy, after a silence of Six Months, on your side, to hear how you do. Pray make my most sincere Compliments, acceptable, to all Friends, & believe me D^r^ Father, ever your's most affectionately.

U. Scott.

Glen Leogh 8^th^ of October 1752.

[The above addressed to Mr. Francis

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Scott in Templepatrick, near Antrim, Ireland. Free Burg. The letter is written on heavy government foolscap unruled, and has on it the stamp of crown and under letters G. R. (George Rex).]

[redacted]

Dr Father

We arriv'd at this place about ten days ago, after a very disagreeable march thro' deep Roads & in bad Weather, & are now setled for about three Months in a very agreeable place where the Civility of the best People in Town makes us a litle Amends, for the Fatigues of Our late Highland Duty, about the 20th of March we Move back to Glasgow again, & from thence in May, I believe we shall go to the Roads, in this Case I don't foresee when it will be in my power to pay you a Visit, as we shall march immediately after yt up to the most Southern parts of England, so yt I am greatly afraid, unless some lucky Occurence cast up, yt I shan't have an Opportunity (before we go to Minorca), of coming over to Ireland.

My Circumstances in the Regt are much as usual, always endeavouring to bustle thro' this troublesome World, with as much Oeconomy & prudence as I can, often with Dificulty enough. As I am quite a Stranger, to your present Situation, & yt of My Other Friends, it wou'd rejoyce me extremely to hear from you; especially yt I might know how Bro. Reid is, whose state of Health, by all Accounts is in a very precarious Situation.

I beg youll Remember me to all Friends, & believe me, always, with the most ardent Wishes for your Wellfare & Happiness, your Most dutifull & affectionate Son U. Scott.

Dumfries Jan. 2d 1752/3.

[The above is addressed simply "To Mr. Francis Scott."]

Dear Father

Upon my arrival here yesterday, I found a Letter from Mr. Sharpe, for me pressing me to hasten up to London, to go Over with him, but as it is impossible to be in time there to catch him, I must, go directly from this Place as soon, as I can get my Affairs well setled, Which I am Afraid will be Attended with More Trouble, yn I expected, as Ld Bury, insists upon my Selling out not to a North Briton—this as I have no Opportunity of finding any other Countryman, directly, must retard me, unless My Lord agrees to my going of immediately, & finding somebody to Supply My Place untill a proper Offer, at the same Time as I want the Cash, my Friends in the Regt will find me Credit for a Sum equal to the Price of my Warrant; this proposal go's by this post to his Lordship, in the Mean Time, I have wrote to Edinburgh to look out for a Purchaser, & untill his Answer come, I shall be employ'd About My Degree taking, for which I have Apply'd this Day, & will stand Publick Tryals on Tuesday next.

Col. Wolfe will be here in a fortnight, when I propose to take a trip over, for a Very Short Time, yt I may see you Once More before I set Out, As God knows, if ever it may be in My Power to pay you another Visit.

If you can assist me in relation to Money, I beg you'll let me know immediately, as I am Afraid, I shall be greatly distress'd, as Mr Sharpe is to set sail about to Morrow, who If I had join'd in London, wou'd have Assisted me, but his Sudden setting out, has disappointed me.

I expected an Answer to the first Letter I wrote you, when at Dumfries, & am greatly concern'd, to think you wou'd neglect writing to me Upon an Affair of so Much Confidence.

I beg you'll alway's esteem me a most dutifull & Affectionate Son

U. Scott.

Glasgow 4th of April 1753.

[The above is addressed to "Mr. Francis Scott in Templepatrick, near Antrim, Ireland, free Pat. Stuart." Dr. Upton Scott's diploma from Glasgow University is dated April 10, 1753. Dr. Scott wrote this letter on the eve of his departure for Maryland, whither he went with Governor Sharpe in 1753. The Colonel Wolfe mentioned was the famous general who afterwards lost his life on the heights of Quebec. Dr. S. was at this time attached to his regiment.]

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, AUGUST 26, 1899.

Vaccination and the Schools.

THE legal provisions for securing, through the city vaccine physicians, the vaccination of all unprotected persons in the community would seem satisfactory, yet the real safeguards against smallpox are two—the requirement that every public-school child shall have been vaccinated, and the occasional efforts after a general city vaccination which follow smallpox scares.

It is, therefore, a move in the right direction that the Health Department has made in laying greater stress on the vaccination of school children during the coming session. It is undoubtedly true that considerable numbers of unprotected children yearly attend our schools. They may have been "duly vaccinated," as the law requires, but the vaccination did not "take." No fault is to be found with the vaccinator, nor with the certifier to the vaccination. If the wording of the certificate is changed for future sessions, this defect will be removed, and if due care is taken that no children are admitted without the new certificate, much good will result.

If, with the use of the glycerinated virus, a scar is no longer to be expected, a duplicate of the physician's certificate ought to be furnished the parents of the child as a permanent testimonial to the vaccination in such cases.

Every physician is annoyed at the opening of the school session by the rush for certificates of vaccination. As the securing of a "successful" vaccination may demand a period of one week or even of several weeks, it is to be hoped that the Health Office and the school authorities will unite in at once bringing the matter insistently to the attention of all citizens and in preparing the new certificates. As physicians fill very many certificates gratuitously, they have a right to ask this of the authorities.

* * *

Malaria and the Mosquito.

TO SAY that the community is awaiting with breathless interest the unraveling of the malarial tragedy and the exposure of the little insect which plays the part of villain in it, is to put it mildly. There are, it is true, mosquitoes and mosquitoes (we refer not to their numerosity, but to their varieties), and not all are to be put under the ban.

Every prudent citizen will now instruct himself in the differentiation between benign and malignant mosquitoes. Some will initiate a crusade against swamps and other plasmodium haunts. The city man will pour oil (kerosene) upon the troubled waters of his cesspool; as it is said that the mosquito larva cannot execute the feat of breathing through his, her or its tail in a pool covered with kerosene.

We know a citizen who is carefully nurturing a large centipede in his bedroom, as he says that centipedes devour mosquitoes with great avidity. He only fears that he may not be able to convince his wife of this scientific fact when she returns to the city.

In certain Baltimore laboratories there is just now a great demand for mosquitoes. Fancy prices are realized for prime Anne Arundel females.

Bull clavigers are not wanted.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 19, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	..	9
Measles	5	..
Whooping Cough	4	3
Pseudo-Membranous Croup and Diphtheria.	27	5
Mumps	..	..
Scarlet Fever	4	1
Varioloid	..	..
Varicella	1	.
Typhoid Fever	7	3
La Grippe	..	..

Dr. Randolph V. Barksdale of Danville, Va., died last Monday, at the age of eighty-two years. He was one of the most prominent practitioners in the State. He was graduated from the Medical Department of the University of Pennsylvania in 1839. Besides his professional work, he was also active in the public interests of his community.

Two floating hospitals have taken already this season from the poorer districts of New York, Brooklyn and Harlem more than 36,000 sick babies and children to the fresh air of the lower bay. The demands for the care of these classes outgrow the facilities at command as the benefits become generally known from season to season. The opportunities for this form of practical benevolence in our Eastern cities are limited only by the lack of funds necessary to carry on the work.

Medical men of London have organized an association called the Sanatorium, Limited, the object of which is to provide sanatorium treatment for middle-class patients suffering from pulmonary tuberculosis. The ground is on a southern slope, well wooded with pine trees and protected against cold winds. The highest part is over 400 feet above the sea level; the sandy soil (lower greensand) dries rapidly after heavy rain, and a plentiful supply of pure water will be obtained by sinking a well. The object of the company is to make the undertaking a self-supporting and progressive philanthropic enterprise.

The undue prevalence of diphtheria in several of the outlying districts of Baltimore for the past two weeks has incited the health department to active measures in preventing further developments. Through the application of scientific means the health commissioner is able to announce at this writing complete control of the situation. Ten days ago several cases were discovered, and an emergency fund of $1000 was drawn upon by the department for antitoxin and to carry on the work of suppression. Health inspectors made a house-to-house investigation, taking cultures in suspected cases, immunizing and isolating those who had been exposed, and treating the affected with antitoxin. No new cases have been reported at this date.

An excellent service for the distribution of sterilized milk for the feeding of infants has been successfully organized at three of the leading hospitals of Paris. The *Lancet*, in referring to the difficulties in obtaining funds for the purchase of milk for infants living outside the hospitals, observes that, owing to the satisfactory results obtained from this service, medical men pay for it out of their own pockets rather than refuse to give milk to the needy poor. And, although the question of pauperizing the population may be involved, yet in the face of these very obvious facts the medical men have not hesitated, even at their own cost, to distribute the milk. They leave to the *doctrinaire* sociologists the sorry task of discussing the theory of the thing, and content themselves with continuing to save human life.

Dr. J. Pembroke Thom, whose fatal illness dates from an attack of appendicitis in March last, died at his home in Baltimore on Monday of this week. Dr. Thom was a prominent character in benevolent and religious circles, as well as in the medical profession. His age was seventy-one years. Born in Culpeper county, Virginia, he was educated at the common school, his childhood and youth being spent on his father's plantation. His medical education was acquired under the direction of his brother, Dr. William Alexander Thom. He was graduated from the Jefferson Medical College, and was afterwards appointed a surgeon in the navy. After a career in the Civil War, he located in Baltimore, where he had practiced since 1866. For the past four years he was president of the board of trustees of Spring Grove Asylum. In company with Dr. William T. Howard and the late Dr. H. P. C. Wilson he founded the Hospital for the Women of Maryland. During his membership in the legislature Dr. Thom introduced the bill which was afterwards passed to establish a hospital for feeble-minded children of the State.

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Washington Notes.

Surgeon J. H. White has been relieved at the Soldiers' Home by Surgeon Smith.

Surgeon Fairfax Irwin of the Marine Hospital Service, now in Europe, has been ordered to investigate and report the situation regarding the bubonic plague, now appearing in Portugal.

The Red Cross office has been removed from its quarters in the Washington Loan & Trust Co. Building to the residence of Miss Clara Barton. Miss Barton will return to the city in September.

Capt. Alex. R. Sharp, surgeon, and E. W. Fowler, acting assistant surgeon, both of the hospital ship "Terry," which has been turned over to the quartermasters department, have been assigned to duty in Cuba.

The pension examining board of this city has been reorganized. Drs. Henry J. Crosson and Gains M. Brumbaugh succeed Drs. C. V. Boarman and C. A. Ball. Dr. Sterling Ruffin, the third member, was reappointed.

There were 106 deaths in the District last week. There were two fatal cases of diphtheria, seventeen of diarrhea and seven of typhoid. There are nineteen cases of diphtheria and twenty-one cases of scarlet fever in isolation.

Rachel Forest, colored, died last week at the age of 104 years. This is her age according to her deed of manumission, though she claimed to have been born in 1791. She is survived by a daughter seventy-seven years old, a grandson fifty-seven, and five great-grandchildren.

Book Reviews.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, etc., with Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States and Foreign Countries. Vol. I. Ninth series. Philadelphia: J. B. Lippincott Co. 1899.

International Clinics is always a welcome visitor. The scope of the work remains about the same, and most of the lectures contain good, practical matter, which will prove helpful to the puzzled physician.

ACROMEGALY. An Essay to which was awarded the Boylston Prize of Harvard University for the year 1898. By Guy Hinsdale, A.M., M.D., Fellow of the College of Physicians of Philadelphia and of the American Academy of Medicine; Member of the American Neurological and Climatological Associations; Assistant Physician to the Orthopedic Hospital and Infirmary for Nervous Diseases and to the Presbyterian Hospital, Philadelphia. Price $1. Detroit: Reprinted from *Medicine*. William M. Warner, publisher. 1898.

This essay will be of special value to those who have to see such rare cases. It is a carefully prepared monograph which has earned the Boylston prize—a very difficult feat. It is fully illustrated, and contains a full history of this rare disorder and also a full bibliography.

REPRINTS, ETC., RECEIVED.

Clinical Report from Winyah Sanitarium. By Carl von Ruck, B.S., M.D., Asheville, N. C. 1899.

Are Complete Castrates Capable of Procreation? By F. R. Sturgis, M.D. Reprint from the *Medical News*.

The Surgical Treatment of Appendicitis. By F. T. Meriwether, M.D. Reprint from the *Charlotte Medical Journal*.

The Treatment of Chronic Endometritis. By F. T. Meriwether, M.D. Reprint from the *Charlotte Medical Journal*.

Apocynum Cannabinum, "The Vegetable Trocar." By T. S. Dabney, M.D. Reprint from the *Therapeutic Gazette*.

Third Annual Report of the Board of Managers of the Second Hospital for the Insane of the State of Maryland. 1898.

A Rapid Treatment of Chanchoid and Ulcerative Syphilitic Lesions. By A. H. Ohman-Dumesnil. Reprint from the *St. Louis Medical and Surgical Journal*.

Seventeenth Annual Announcement of the New York Post-Graduate and Medical School and Hospital, University of the State of New York, for 1898-99.

Stomach Disturbances Caused by Hernia of the Linea Alba in the Epigastrium. By Charles D. Aaron, M.D. Reprint from the *Medical Record*.

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MARYLAND
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Original Articles.

THE SO-CALLED TYPHOID-PNEUMONIA.

By Frank R. Smith, M.D.,

Head of Medical Department in the Johns Hopkins Hospital Dispensary.

READ BEFORE THE BALTIMORE MEDICAL JOURNAL CLUB, MAY, 1899.

THE following remarks were suggested to me on reading an excellent article by Prof. A. Fraenkel on "Affections of the Respiratory Apparatus in Ileo-Typhus." This article was published in the *Deutsche Medicinische Wochenschrift* of April 13 and April 20, 1899, and I have made liberal use of the information contained therein.

The term typhoid-pneumonia, which is so often used by physicians, is sadly lacking in definiteness. In 1884 E. Wagner wrote as follows: "From the descriptions of pneumo-typhus it is absolutely impossible to arrive at an exact idea of the condition for which this term is employed." Rokitansky, in the first edition of his text-book on "Pathological Anatomy," regarded pneumo-typhus as a primary localization of the typhoid process in the lung. Later on, however, he speaks with less certainty as to the primary development of the disease in the respiratory apparatus instead of in the intestinal canal. Griesinger says a genuine lobar pneumonia often appears early and in the first week of typhoid fever, and that there are cases in which the typhoid process, after developing in the lungs, affects the ileum only to a slight extent, and that the disease, therefore, takes on an anomalous form. He says that such cases are not uncommon in certain epidemics, but only gives one instance which came under his own observation. Liebermeister holds that the earlier lobar pneumonia occurs in the course of a typhoid fever the more justifiable it is to assume a primary localization of the typhoid process and a direct influence of the typhoid poison upon the lung tissue. It is difficult, however, to determine whether Liebermeister believes in a primary infection of the lungs with the typhoid virus. Gerhardt says that in all such cases careful bacteriological examinations are necessary in order to determine whether or not we are dealing with a mixed infection with the pneumococcus and the typhoid bacillus.

In considering, then, any statistics dealing with typhoid-pneumonia we must remember that under this general name we really have three separate disease groups: (1) Pneumonias running a typhoid course and with outspoken typhoid symptoms, but in which the infection of the organism is in no way due to the typhoid bacillus. (2) The combination of a genuine typhoid fever with a genuine lobar pneumonia induced by the pneumococcus. (3) Cases of typhoid fever in which the prominent symptoms of inflammation of the lungs are possibly to be ascribed to the typhoid bacillus alone or to this bacillus in conjunction with some other infective organism.

1. *Lobar Pneumonias Characterized Especially by Typhoid Symptoms.*—It has long been known that two forms of pneumonia, very distinctive both as regards the symptoms and the prognosis, could be differentiated. The one was known as the sthenic, the other as the asthenic type of pneumonia. The former was characterized by intense flushing of the face, a bounding pulse and signs of energetic heart action, as well as by the general

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prominence of the symptoms of active inflammation. In the asthenic pneumonia, on the contrary, pallor of the face and prostration were noted, together with faulty action of the heart, manifesting itself in a quick, easily-compressible pulse and a tendency to collapse. Not rarely the nervous system is profoundly implicated, and the patients, if left to themselves, remain in constant delirium and sink into sopor or even coma. On account of these symptoms the disease was often termed typhoid-pneumonia, and the terms "asthenic" and "typhoid" seem to have been interchangeable.

This promiscuous use of the two terms seems to be very objectionable, especially as in many cases of asthenic pneumonia we may have the heart weakness present even from the very beginning without any typical clinical picture of typhoid fever. In asthenic pneumonia symptoms on the part of the nervous system may be entirely absent. In others, however, we may have a marked degree of stupor, delirium, dry tongue and sordes. In a word, the patient looks as if he had typhoid fever. As the disease progresses, the similarity to typhoid fever may be increased. We have sometimes to wait for days before any physical signs of pneumonia can be made out. This happens when we have to deal with a deep-seated central pneumonia which only gradually comes to the surface, or when we have an indolent inflammatory process which only slowly advances to a definite consolidation.

A further difficulty may arise from the fact that often there is no expectoration and little or no cough. Again, in certain cases of pneumonia the patients show abdominal symptoms which are very suggestive of typhoid fever; for instance, meteorismus and diarrhea, with the so-called pea-soup stools. Occasionally in pneumonia rose spots have been observed. Fraenkel had a patient who suffered from fever, marked nervous symptoms and diarrhea; rose spots also appeared, but at autopsy the case proved to be one of genuine pneumonia. In brief, the case is as follows:

A girl, twenty-one years of age, was taken sick with a chill, and complained of nausea and vertigo. Two days later there were indefinite signs of consolidation in the left upper lobe. For nine days the temperature kept at about 40° C. (104° F.), pulse 116 to 130; on the ninth day 156. Delirium was present. From the fourth day on she had pea-soup stools and meteorismus. There was only a slight cough; no expectoration. On the eighth day rose spots appeared on the abdomen, and their number had increased by the ninth day. They did not, however, disappear entirely on pressure. Over the left upper lobe there was dullness, crepitation and bronchial breathing. The temperature began to decline on the ninth day, and she died on the eleventh day. The autopsy showed partly gray, partly red hepatization in the right upper lobe and in the greater part of the lower lobe and in the lower part of the left upper lobe. The bowels showed no pathological changes. The spleen was enlarged.

In cases of this kind, if the patient recovers, the illness is often prolonged. The temperature is often irregular and the physical signs are subject to change. Fraenkel has seen cases in which a crisis occurred as late as the twenty-second day. In other instances the fall was by lysis. The tedious course of the disease is often due to a successive infiltration of different parts of the lung. Unfortunately, Fraenkel says, we are still without means of making a definite diagnosis during life. The positive appearance of the diazo reaction itself does not prove the presence of a typhoid infection; neither do negative results with Widal's test in the early stages absolutely preclude it. It seems to me, however, that an examination of the blood is of great importance in such cases. A few days ago I saw a case in a man who gave a history of having felt badly for some days. He had no chill, no cough, no pain in the side. His temperature rose rapidly to 104°. He vomited, and from the effects of a purge, which was by no means violent, he had eight or ten stools. Examination of the lungs showed a slight diminution in the breathing intensity over the right lower lobe. On the second day a soft, faint pleural rale was heard, which appeared and disappeared. The urine gave no diazo reac-

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tion, but there was a leucocytosis of 18,000. In view of this last fact I felt sure that I was dealing with a case of central pneumonia which had not come to the surface. In the course of time definite signs of consolidation could be made out in the right middle and right lower lobes. The crisis occurred on the ninth day. The patient had very little cough and almost no expectoration.

With respect to the etiology of the asthenic pneumonias opinions vary very much. Aufrecht says that the etiological identification of an asthenic pneumonia with a croupous inflammation of the lungs is not justifiable. Lichtenstein, from a prolonged study of the influenza pneumonias, which have been so often described of late years, has come to the conclusion that a croupous pneumonia can take on an atypical asthenic or malignant character as the result of a mixed infection. This can be brought about in two ways. Sometimes the primary organism which has caused the pneumonia may be combined with one of the pus-producing cocci, or at other times with the influenza bacillus. Fraenkel examined a number of cases of atypical lobar pneumonia not connected with influenza. His results have convinced him that in all such cases the pneumococcus is present and that the assumption of a mixed infection is unnecessary. He calls attention to the fact that the examination of the sputum may be deceptive, inasmuch as that which comes from the lungs may be contaminated by the secretions of the upper air passages. In more than one case he punctured the lung and inoculated mice, and the animals invariably died of pneumococcus septicemia.

2. The combination of typhoid fever with genuine lobar pneumonia produced by the pneumococcus is not common. Hoffman says that in 250 typhoid autopsies he found a croupous pneumonia in eighteen instances. It is probable, however, that local influences had something to do with this relatively high percentage of Hoffmann, and, besides, we must remember that at the time at which he published his paper the criteria were different. In 500 cases of typhoid fever Fraenkel found only six cases which were clinically suggestive of a genuine lobar pneumonia. In two of these the diagnosis was confirmed by autopsy and a bacteriological examination of the lungs. The diagnosis at the bedside is difficult, since the characteristic temperature curve and the rusty sputum are, as a rule, absent. This form of pneumonia can appear in any stage of typhoid fever—in the beginning, at the height of the disease and towards the end, or, lastly, when convalescence is nearly established. According to Liebermeister it occurs most often at the height of the disease in the second or third week. Such cases are characterized by the irregularity of the symptoms. At one time the typhoid symptoms, at another time those of pneumonia are especially prominent. Above all, one cannot reckon upon being apprised of the onset of the pneumonia by chill. As a matter of fact a chill rarely occurs, and although the first symptoms of an on-coming inflammatory process may be a rise of temperature, this symptom can also be absent. Again, the beginning of resolution in the pneumonia is not signalized by a critical fall in the temperature. When a sudden fall occurs and the temperature remains normal the diagnosis, so far as regards the typhoid infection, comes into question. We may have had to deal with a croupous pneumonia with so-called typhoidal symptoms. For the differential diagnosis neither the pea-soup stools, the rose spots, the meteorismus nor the splenic enlargement can be considered as final. Here, however, the positive Widal reaction, with a minimum dilution of 1 to 50, is decisive.

With respect to the sputum, Curschmann holds that it is more likely to be bloody than in uncomplicated croupous pneumonia. Fraenkel cites a case of one of his colleages who had typhoid fever. On the twelfth day he had a chill, with dyspnea, and later a pronounced infiltration of both lungs was demonstrable. The sputum was intensely hemorrhagic from the beginning. It cannot be denied that it is often very difficult at the bedside to decide as to the nature of a pneumonia, whether it be lobar or a lobular pneumonia, or as to its etiology. The diagnosis is much easier when a croupous pneumonia occurs during convalescence. Here

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the course and manner of ending help us considerably.

3. As regards the part played by the bacillus typhus in pneumonias occurring in the course of typhoid fever further researches and observations are necessary. Certainly, so far, all authorities are not agreed that a pneumonia starting early in the course of typhoid fever is due to a primary infection in the lungs with the typhoid bacillus. In the first place, we do not know that the typhoid poison taken into the lungs with the air or carried there through the blood ever sets up a pneumonia before it has produced some pathological change in the intestine. Again, we must prove that the typhoid bacillus is capable of setting up a pneumonia by itself. In the cases reported by Foà and Bordoni-Uffruzzi, in which the typhoid bacillus was found alone in the lungs from a croupous pneumonia, it is possible, as Baumgarten states, that the pneumococci may have been present and may have died out before the death of the patient. Curschmann states, in his monograph on typhoid fever, that it is a well-established fact that the typhoid bacillus can at first and by preference produce inflammatory changes in the lungs. The cases, he says, are marked usually by absence of a chill, slower rise in the temperature curve and less dense infiltration, with tardy resolution and an absence of the characteristic sputum. It seems, however, that some of the cases to which Curschmann referred may have been instances of confluent lobular or simple hypostatic pneumonia. The latter certainly occur relatively early in the disease, but have a separate etiology. Before bacteria have entered the area of hepatization the disturbances in the circulation have produced changes which give all the signs of inflammatory changes, and we have an increased susceptibility in the vessel walls to let through the solid and fluid constituents of the blood. Consequently into these hepatized areas typhoid bacilli may enter and produce further extension of the inflammatory processes. Sooner or later we may have an invasion of the other bacteria—pneumococci, streptococci or staphylococci—so that at the post-mortem we get a mixture of various organisms. Again, in a pneumonia occurring early in the course of a typhoid fever, the pneumonia having been caused at first by the pneumococcus, we may have in addition typhoid bacilli, which, however, may be secondary.

In support of the opinion that pneumonic processes may be brought about by the typhoid bacillus alone there are on record instances of pleural exudates in which this bacillus has been found alone.

CONCLUSIONS.

In view of the fact (1) that the majority of pneumonias occurring in the course of typhoid fever are not caused by Eberth's bacillus, but by the pneumococcus, and (2) that asthenic pneumonias with so-called typhoidal symptoms have nothing in common, so far as etiology is concerned, with typhoid fever, it would seem advisable, with our present knowledge, to discard the term typhoid-pneumonia as savoring too much of inaccuracy, especially as we are reminded by it of the wholly indefensive term typho-malaria. For those rare cases in which it can be proved beyond doubt that the pneumonic process as well as the general typhoid infection are both due to the bacillus of Eberth we still have the term pneumo-typhoid, the use of which, however, should be subject to these strict limitations. Accuracy in terminology is the first step towards a reasonable therapy, and the ill-results of calling conditions by wrong names must inevitably lead to a less clear-sighted management of them.

SUTURE OF NERVES.—Zitzke (British Medical Journal) reports in full twenty cases of suture of nerves in Helferich's surgical practice. In some cases the suture was applied on the day of the injury, in others not till weeks later, or even in one case as long as a year from the infliction of the wound; five cases could not be traced. Out of the remaining fifteen, no fewer than eleven were reckoned as successful, the influence of the nerve being more or less completely restored. Complete cure in this sense was noted in five, incomplete in six. Thus, though nerve suture is a justifiable and necessary operation, it does not always prove successful even in the best hands.

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ETHYL BROMIDE AS AN ANESTHETIC IN MINOR SURGERY.

By J. Elmond Kempter, M.D.,
Saint Thomas, Pa.

READ BEFORE THE MEDICAL SOCIETY OF FRANKLIN COUNTY, PA., JUNE 15, 1899.

My attention was first attracted to the utility of ethyl bromide as an anesthetic for brief surgical operations while a student at the clinics of Dr. J. J. Chisolm of Baltimore. Noting the success that Dr. Chisolm had—his cases up to that time numbering 3000 without a death or any untoward result during or after its use—I determined to use this agent for purposes of anesthesia whenever an opportunity presented itself.

My personal experience up to this time has been very modest, but sufficient, however, to justify me in saying that for short and painful operations ethyl bromide should ocupy a more prominent position in surgery than it now holds.

Had I not enjoyed the privilege of Dr. Chisolm's demonstrations as to the usefulness of ethyl bromide I should not have felt the confidence in its use that I now have had I permitted myself to be guided by those authorities of whom we expect some reliable detail concerning ethyl bromide.

Many authorities ignore this agent as a general anesthetic; some treat it with indifference, while others lead us into a misconception of its dangers as an anesthetic.

Why ethyl bromide is not more generally used is not because of its actual dangerous properties, but because we are misinformed regarding its dangers. Authorities who refer to this anesthetic in our standard text-books base their reason of its dangerous properties upon two fatal cases which have become classic in the literature of ethyl bromide anesthesia, and for want of any other rational explanation regarding the dangerous qualities of this agent these two fatal cases are inflicted upon the reader who is in search for information on the subject.

One of these fatal cases occurred in the hands of Dr. Levis of Philadelphia and the other in the practice of J. Marion Sims of New York. From the fact that the deaths occurred in the practice of two eminent surgeons it had the effect of checking the promising career of ethyl bromide.

This, however, is unjustifiable, more so when we learn that the case of Dr. Levis was far advanced in pulmonary disease when the agent was used, while Dr. Sims' case did not die during anesthesia, but some hours later, having undergone a tedious operation necessitating the protracted use of ethyl bromide.

Subsequent experience has shown that this agent is contraindicated as an anesthetic in prolonged operations.

In both the fatal cases cited the use of ethyl bromide was protracted.

We are told by text-book writers in a haphazard way that as a general anesthetic ethyl bromide is more dangerous than chloroform, without explaining the reason why.

In its mode of employment we are told by some that it should be administered like chloroform; others, again, tell us to give it like ether. As regards the text-book dose, that varies the same as the statements concerning ethyl bromide itself. It is given usually in a sort of equivocal way which will permit its use from forty minims to four ounces. Those who have had practical experience with the use of ethyl bromide ignore these statements. They are misleading and unsafe.

Ethyl bromide is dangerous when used like chloroform, that is, by the admixture of atmospheric air, or by protracting its use. Ethyl bromide depresses the heart only when the anesthesia is prolonged or when the preparation is not perfectly pure. The advantage of ethyl bromide is that by its use we can induce rapid anesthesia. Its use is particularly well adapted for children.

When the preparation is fresh and chemically pure, and anesthesia not prolonged, lesions of the heart are not contraindicated to its use. We may utilize ethyl bromide for any brief operation of a painful nature, such as tonsillotomies, tenotomies, sequestrotomies, incisions in abscesses and phlegmonous processes, extirpation of small tumors, dressing of

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painful wounds and for short examinations involving pain.

As regards its mode of administration I follow the plan of Dr. Chisolm. I use a crash towel, folded in the shape of an air-tight cone, rendering it impervious by a layer of paper, the base of the cone being sufficiently wide to cover both nose and mouth. I pour the full dose required to produce anesthesia into the inhaler, the dose in children ranging from one to two and one-half drachms and in adults from two to three drachms. I immediately cover the patient's nose and mouth, having previously instructed the patient to breathe deeply.

Having once applied the inhaler, I hold it down firmly, removing it only from the face when full anesthesia has been induced, which is recognized by the stopping of all struggling on the part of the patient.

The patient may feel himself stifled; there need be no fear of causing asphyxia. Children struggle to escape from the inhaler; the cone, however, must not be removed for one instant from the face until full anesthesia has been produced.

Should children cry, it favors deep inspirations, which will assist in the anesthesia. Some hold their breath, but there is no danger that they will not "catch it" in time.

To the uninitiated it appears that the patient is being asphyxiated, and it impresses them as rather a barbarous procedure to keep the inhaler over a sometimes violently struggling patient. The cone must not be removed, for in no other way can rapid and safe anesthesia be obtained by ethyl bromide.

The time required to induce complete anesthesia depends upon the number and depth of inspirations taken. Generally speaking, one minute will induce deep narcosis.

Nausea or vomiting is of rare occurrence during its administration or at the period of deep anesthesia, which usually lasts about one and one-half minutes, rarely longer than two minutes. In most cases neither heart-beat nor pulse is influenced by ethyl bromide anesthesia.

The increase in pulse frequently is due to anxiety and fear and to the struggling of the patient, but after narcosis sets in it reaches its normal beat. The corneal reflex is present, with primary dilatation of pupil; the healthy color of the lips and skin are usually retained.

The patient awakes suddenly as if from a natural sleep, without loss of co-ordination and with a perfectly clear brain.

Dyspnea, short respiratory movement or respiratory pause are unusual complications. Some after-effects, such as headache, somnolence and amaurosis, have been noted.

Witzel, a German investigator in 465 cases of ethyl bromide anesthesia, mentions the occurrence of profuse perspiration in four cases and strangury in three cases.

The death rate by the use of ethyl bromide as compared with chloroform and ether is summed up by a series of reports made at the Surgical Congress convening annually at Berlin. These reports cover a period of seven years from 1890 to 1897, the mortality rate being summed up as follows: Chloroform, 2023 cases, one death; ether, 5090 cases, one death; ethyl bromide, 5228 cases, one death.

Reich, a German authority, estimates sixteen deaths in 60,000 cases of ethyl bromide anesthesia. These figures are given in Dr. Ernst Hankel's "Handbook of Artificial Anesthesia," Leipzig, 1898.

If we do not permit ourselves to be intimated by the pessimistic accounts that one reads in the average text-book about ethyl bromide, and follow certain practical rules, danger from this form of anesthesia need not be feared.

The adult dose should not exceed three drachms. Owing to its volatile properties and liability to decomposition, the inhaler should be applied immediately and retained to the patient's nose and mouth till full anesthesia has been induced. Under no circumstances should the inhaler be removed for the purpose of prolonging the anesthesia.

A fresh preparation should be used. Exposure to light or air decomposes ethyl bromide and results in the formation of compounds having a more toxic effect than ethyl bromide.

Dr. Laurence Turnbull, in his work on artificial anesthesia, cites Dr. Gills, a Ger-

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man investigator, who mentions 20,000 cases of ethyl bromide anesthesia without a death in which the agent used was chemically pure. Ethyl bromide, or hydrobromic ether, is prepared by decomposing bromide of potash with sulphuric ether in the presence of alcohol. This, or a modification of this process, is usually employed in preparing ethyl bromide.

I use Merck's preparation, which is put up in hermetically-sealed amber glass tubes, holding one ounce.

When pure ethyl bromide is a clear, colorless, limpid liquid, non-inflammable, with an agreeable etherial odor and hot saccharine taste.

Ethyl bromide was first discovered by Serullas in 1827, who prepared it by acting on alcohol with bromine in the presence of phosphorus. As an anesthetic it was first known to Mr. Nunnely of Leeds, England, who employed it in surgical operations in 1865. In this country Dr. Laurence Turnbull of Philadelphia gave an account of its properties, based on experimental and clinical evidence, in 1877.

More extended trials of its anesthetic properties were made by Dr. Levis in 1879, who was one of its chief promoters in this country.

At the present time ethyl bromide is extensively used in Germany and France, and we, who are so eminently practical, where convenience and rapidity is a factor, ought certainly not be backward in the use of this anesthetic.

ILLITERATE DOCTORS.

By a Subscriber.

No one will doubt that the physician, to meet with success in his profession and to command the respect of an enlightened community, should be possessed of a tolerably fair education. Candidates for admission to European medical schools are required to present high-school certificates. No leniency is shown to any candidate there, nor is it possible for the faculty to do so if it desired, as the colleges or universities are controlled by the State, and hence there is no competition, the schools having no cause to admit or to graduate a man who falls below the standard.

It is different, however, with our American medical colleges, over which the State has generally no control. The faculty constitutes a corporation acting under a charter of the State. There are several medical schools in some of the States; thus the city of Baltimore may boast of over half a dozen medical schools.

One of the benefits of the competitive system is, no doubt, reduction in the prices of commodities. The same holds good in regard to our medical schools, which are conducted under the same system, and, therefore, medical education in this country is indeed cheap.

Under the circumstances one will understand the necessity of medical State boards, by which the standard of medical education is regulated and controlled. Some schools do not need the supervision of the board, the faculty itself being a guarantee for reliability and thoroughness. The tendency of the latter class of schools is to elevate medical education in this country in every particular and to bring it to the same level it occupies in Europe, where the physician, whilst not always superior in professional skill to his American colleague, has certainly the advantage of a better general education, which fact contributes greatly to the higher social standing he occupies in his community.

To our credit be it said that of late we have not only been keeping pace with general progress, but we are at present making rapid strides in medical legislation. Not many years ago it was possible for a country boy, who had a bit of primary education and a little will-power, to become an M.D. in eighteen months. Now the curriculum is four years, and in a few years it will probably be raised to five years. The entrance examination has been made high in some colleges, the Johns Hopkins heading the list, requiring the degree of B.A. Most of the schools, however, are lenient with the preliminary examination, requiring merely an elementary knowledge of English, a little Latin, arithmetic and the rudiments of physics as the minimum standard of general education laid down by the Association of American Medical Colleges. The State boards usually subject candi-

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dates desiring to practice medicine in the State to an examination in medical branches, and require some evidence of a general education. The State of New York is more strict about the preliminary education, requiring a medical-student certificate in case the candidate is not a graduate from a high school. The medical-student certificates are issued by the Board of Regents upon satisfactory examination of forty-eight academic counts. The colleges of New York are practically kept from graduating a student who has not the requisite certificate.

It is different, however, in other States, as, for instance, in Maryland, where the colleges have authority in matters of preliminary education or the lack of it. The catalogues call for an entrance examination if the candidates have no certificates of graduation from a high school or an equivalent school. There the matter hinges. Do all the schools actually examine their candidates, and if the latter do not come up to the standard of spelling correctly 200 English words, etc., is the aspirant rejected? With some schools the only condition for admission seems to be the prompt payment of the matriculation fee. The writer is aware of a Baltimore school that graduates some men devoid of any education. Last year it graduated a man who was practically an illiterate. This year it matriculated a man who can hardly read or write. It is a disgrace that we have to meet with illiterate "doctors" at the decline of this century of culture and enlightenment. The only way to remedy this evil is to adopt the laws passed by the medical legislature of the State of New York. The sooner the better.

THE OUTLINE TREATMENT OF MIGRAINE.—In the Therapeutic Gazette Gallois stated that in gouty migraine depending upon uric acid he believes that the constant use of large doses of bicarbonate of sodium is advisable, and directs the patient to take a saltspoonful of bicarbonate of sodium in each quart of water, which quantity shall be taken in each twenty-four hours. He states that three cases of inveterate migraine have been treated in this manner with excellent results.

Historical Department.

Under direction of EUGENE F. CORDELL, M.D., Author of "Historical Sketch of the University of Maryland" and Editor of the "Centennial Volume" of the Medical and Chirurgical Faculty.

XII.

THE FOUNDERS FROM THE WESTERN SHORE OF MARYLAND.

Camp at Ardvorlick, Aug^{t} 22^{d} 1753

D^{r} Father

I Rec^{d} yours, and am extremely glad, to find y^{t} you hold it out so well; I have at last got my Business done, and shall be clear of the Regiment next Week, as a Gentleman has deposited the Money for the Warrant, & is Approv'd of by the Surgeon, so y^{t} nothing remains undone, but signing the Warrant, Which must come from London, & I hope will arrive by the Time we shall get to Glasgow, which will be on Wednesday or Thursday next Week, after which, I shall either embark at Greenock for Maryland or come for Ireland, According as I can get an Opportunity, but in this I can't be quite determin'd untill we come to Glasgow.

You'll let my Brother know y^{t} I apply'd to some of the professors, before we left Glasgow, about his Son; from whom I understood, y^{t} the Burse was to be fill'd up this season, & y^{t} they believ'd there wou'd be no Difficulty in getting him admitted to it, but as I had no positive Instructions from him, on y^{t} Head, I cou'd not apply to the Merchants Hall in Whom the right of presentation is, as however by his last Letter he lets me know, he intends him for the Colledge this winter, I shall see to get every thing setled as soon as we get to Glasgow, & shall then Acquaint him with my Success; he likewise tells me y^{t} he finds a difficulty in getting me a Boy for a Serv^{t}, one I shou'd imagine, might be got, as he will have no Labour to do, further y^{n} looking after my litle affairs & perhaps a horse or two, I beg you'll look out, & try w^{t} can be done as I shou'd be glad to carry over an honest lad with me, who, after his Time is expir'd, if he do's not

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like the country, & behave's well, I shall take care to send home again.

With my most hearty Prayers for your Happiness and good Health I am Dr Father most sincerely and affectionately yours U. Scott.

Direct to me at Glasgow.

[There is no address on the above.]

Annapolis Octr 16th 1760

Dear Father

Inclosed you have a Bill for £60 Sterling, which you will dispose of as you Judge best, My Intention in remitting it being in the first place to assist you in procuring Such Conveniencys in Life as you may want & from your increasing Years may not be so able to procure as formerly, after this I shou'd be Glad you wou'd assist my Brother in the Education of his Boys, I have allready remitted him handsomely for this Purpose, but as I have not any Letter from him Acknowledging the receipt of Mine, last Year, I am under some Apprehensions he may have Apply'd the Money to different Uses than I strictly enjoined him. from What I then Wrote & his preceding Letters I have reason to think that his son Hugh is now at Edinburgh where I promised then to write to him, this I shall not now do as I have not any Certainty of his being there, Altho My Correspondent in London writes me Word that he forwarded the Letters to Ireland. I Beg you will let my sister Peggy have Ten Guineas. Altho I am very easy in my Circumstances these efforts are not made without Difficulty, but as I apprehend them necessary to the Happiness of so near relations I make them cheerfully in hopes that the best use has & will be made of them. May you long retain your strength and reason in Order to preserve you happy whilst in this World & that you may be fitted for the Next. I am with the most sincere respects for all friends your dutifull & Affectionate Son U. Scott.

P. S. It is very long since I heard from you.

[The above has no address.]

Dear Sister

I wrote to you about two years ago by our Nephew Hugh Scott, whom I directed to pay you £20, but from the stay I understand he made in England I think it is more than probable you have neither received the Letter or Cash. Inclosed I have now sent my Bill on Silvanus Grove for that Sum, which I hope will prove a seasonable Assistance to you in giving your Son John a good Education, I shou'd be glad that he would write to me, & if, from the Improvement he makes, I can be satisfy'd that he has a good Capacity & a liberal Turn of Mind, it may perhaps be in my Power to point out a Course of Life for him, in which I may give him some Assistance. Your Son Hugh visited me some Months ago, he was well & seem'd Satisfied with the Condition he is in. I have made the Bill payable to Sam Birnie, because he knows how to negotiate it for you, & has too much Honor to apply the Money to any other than your Use. I hope my sister Fanny hath got a Lease of our Paternal Seat, & that you & she live together upon it, this was what I recommended to you both when I wrote last, but I have not heard from any of you since Novr 1767.

I beg that you will remember me kindly to all my relations, & be assured that neither Time nor Distance hath weakened My Affection for you.

I am your loving Brother

U. Scott.

Annapolis 1st Novr 1769

[The above is addressed to "Mrs. Margaret Birnie, near Templepatrick."]

Dear Sir

I have received your Favor of the 27th Augt last, & approve of the Plan you have presented hitherto for your Improvement; I wou'd only hint to you, that it is especially necessary you shou'd have in Contemplation the Plan & manner in which you propose to settle in Practice As a Physician, A man cannot be supported well any where but in one of the larger Cities in England or Ireland, where, unless very superior Talents, or some lucky Incidents bring him into Reputation, he may linger out the best Part of his Life in Indigence & Obscurity, because every such City swarms with Numbers of the Profession, who are elbowing one another for Employment, in the East, or West Indies, or America,

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the Case is very different, for altho' there are Men of Abilities to be found almost every where, there is still Room enough for more, & the Art of healing is in very few places divided into its different Branches, every Man of the Profession being obliged to officiate as Physician, Surgeon, & Apothecary, with this View I apprehend you ought to embrace every Opportunity, of acquiring not only a theoretical Knowledge of Surgery, but likewise of the Practice, by putting your Hand to the work in dressing & operating whenever you can, otherwise with all the knowledge of Celsus, you never will be able to operate with Dexterity, & of all Things this is what recommends Young Men Most, because every Spectator, on these Occasions, is more or less a Judge.

It is my Intention to continue supporting you in prosecuting your Education for three Years at the Rate of One hundred Pounds a year, unless your Conduct should make me alter my Resolution. after spending what Time you may think sufficient in London, being not less than one nor more than two years, I wou'd advise your visiting Paris, Leyden, & any other of the foreign Universities your Inclination may lead you to, where, by a careful Attention to the Literary Improvements made by different Nations, & a Study of their Manners, your Medical Knowledge May be Much enlarged, & your Understanding cultivated by an extensive Acquaintance with the World.

As an easy graceful Address is of exceeding Consequence in assisting Gentlemen of the Profession both to gain & preserve a Business, I must recommend to you to endeavour to acquire those Gentlemanly Accomplishments which you must easily see will be subservient to this End, indeed one of the principal Views I had, in advising your Stay in London, & visiting some other Parts of the World, was to give you an Opportunity of rubbing off that awkwardness which is the natural Concomitant of a Country Education.

The Sum you have for Subsistence is not such as to enable you to make any Figure in expensive Life, but it is fully sufficient for every Purpose of Improvement, if properly laid out, & it is not without much Inconvenience that I can afford to advance it as you may have Occasion, but as I am fully satisfied that this sum, properly expended now, will be of more Service to you than five Times so much wou'd be at a future Day, I shall struggle hard to execute the Plan on my Part, & I wou'd gladly flatter myself that you will, by a steady, & well judged Application to the study of your Profession, endeavor to convince me that the Effort I make will not be in Vain.

The two Cases you have described were both curious & uncommon, but as you either do or ought to keep a Diary, I desire you will transcribe from it regularly every two Months some of the Practical Cases you attend, with the Mode of Treatment they underwent, & your own Remarks. In short I want to know the Manner of Practice pursued in the most common Disorders, not only as a Matter of Curiosity, but that I may from thence judge how far you exercise your Judgment properly.

I shou'd more particularly be glad to know in what Manner the Venereal Disease is treated, from its slightest Appearance in a gonorrhœa to the most confirmed Lues. Are Injections in Vogue? how are they prepared, and when or with what View & Effect applied? If any new Medical Books, of real Merit, have been published since you came to London, purchase them & leave them at M^{r} Groves to be put up for me with other Things I have wrote for, & he will on Application pay you what they cost; I shall however send you at more Leisure a List of what I have lest you shou'd send me such as I have already.

In looking over what I have written I observe from the Haste I have been in, many inaccuracy's, but I am too much engaged at present in Business to transcribe it. [The next five lines have been scratched over so as to be illegible.] I very sincerely Wish you Health & Happiness & am affectionately y^{rs}

U. Scott.

Annapolis 23^{d} Nov^{r} 1771

John Birnie.

[There is no address on the above, the whole four pages being occupied in the writing.]

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Medical Progress.

THE NEUROTIC'S DIET.—Dr. Henry C. Eyman, in the Journal of the American Medical Association, discusses the diet of neurotic patients and the relative value of foods in such cases. The author classifies food values as follows: First, the production of energy; second, the repair of tissue; third, the increase of adipose tissue to serve as a protection and covering in the body.

There are at least thirteen chemical elements which enter into the composition of the body, but only four which are found so abundantly as to indicate that they are indispensable to life, viz., carbon, oxygen, nitrogen and hydrogen. Now, foods which contain these elements are necessary for the threefold use above mentioned. We are taught that nutrition of the body involves several distinct processes:

First, the secretion of digestive fluids and their action upon food in the alimentary canal; second, the absorption of the ingredients of the food, when digested, into the blood and lymphatic vessels; third, the assimilation of the absorbed nutritious products by the tissues; fourth, the elimination of waste material.

After considering the different forms of neuroses, the writer observes that probably the most important manifestation of mental trouble is melancholia, because, as has been aptly said, "melancholia is the sanest kind of insanity," and because it is the most frequent manifestation and the one with which the general practitioner most often comes in contact; therefore, we will consider the proper diet for melancholic patients. All those who have had the opportunity of observing the melancholic are cognizant of the fact that the patient is suffering from dyspepsia. A proper diet is our most powerful agent, and for these cases the following should be prescribed: Before getting out of bed a cup of hot water with a dash of brandy; breakfast, meat and eggs; lunch at eleven and two, consisting of beef tea or cocoa, crackers, milk and fowl; dinner at six, consisting of broiled fish, roast beef, green peas, asparagus and toast; at bed hour a light repast with a small quantity of malt liquor. I have known many patients to improve rapidly upon this, or a similar diet, and their dyspeptic symptoms disappeared with the improvement in the general tone. Your melancholy patient is always illy nourished, and nothing so retards improvement as lack of proper diet. How dependent these melancholic patients are upon food has often been proved. Some who have convalesced steadily, and who are apparently almost recovered, if they for some reason miss a meal, or even have it considerably postponed, have felt at once a return of the depression and delusions, which vanished again after the reception of foods.

Melancholic patients cannot have too much fresh air, though they may have too much exercise. Pure oxygen is as necessary to them as pure food, though the mistake should not be made of exhausting your patient by too much walking or other exercise. Should the weather be fine, the patient should be in the open air nearly all the time. Nothing else is so conducive to sleep as fresh air, or equals it as a hunger producer. Every possible care of the patient may count for naught if pure air cannot be supplied. It is not considered possible to fatten a patient too soon or too rapidly, though great care will have to be taken not to overload the stomach and thus produce gastric and intestinal troubles.

Fatty foods, milk, ham and cod-liver oil, maltine, eggs, farinaceous foods, easily digested animal foods, such as beefsteak, fish and fowl, can all be used to advantage in feeding melancholics. I suppose milk is more universally recommended than any other one article of diet, and by some authors regarded as a sheet anchor.

* * *

ANTIPYRINE IN DYSENTERY.—Ardin-Deltat records in the Therapeutic Gazette his method of employing antipyrine in the dose of seventy-five grains to eight ounces of water as a rectal injection in dysentery, given three times a day and retained for fifteen minutes. He claims that the relief from pain and tenesmus is immediate, that the number of stools is decreased and that convalescence is speedily established.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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Washington Loan and Trust Company Building.

BALTIMORE, SEPTEMBER 2, 1899.

The Medical Society Problem.

HAS the medical society as yet reached the highest development possible in this community? This is a question which may very appropriately be considered at this time of unusual medical progress in Baltimore. It may be viewed from several standpoints.

First. Are there enough medical societies here? It would seem so; if not, it is easy to start more.

Have they a large membership, and are they in good financial condition? Again, a prompt affirmative.

Do the members generally attend, and do they get a satisfactory return for their expenditure of time, inconvenience and money? On this point, it must be confessed, opinions differ very greatly. Unless some local celebrity is to read a paper, attendance is skimp at the best. The older men, whose experience and observation at the bedside would be of great value in many discussions, as a rule stay away. It is not claimed that Baltimore societies are worse in this respect than in other cities, but the simple fact is stated as observed here, in the hope that a remedy may be sought.

It is suggested that each of the city medical societies should become a branch of the Medical and Chirurgical Faculty. Each could then take up some line of work peculiar to itself, not covered by any other. Or, special subjects could be appointed for certain evenings, when material for them presented itself. One annual fee only should be paid to the Faculty, admitting to any of its branches and to all of its privileges, this fee probably not exceeding the total of separate fees now paid by doctors who are members of several societies.

The present city societies, while maintaining their own government, would gain in attendance, and would do better work. The harmful competition of hospital societies might by judicious inclusion in the scheme be done away with.

The Faculty would gain in strength and influence. The city physician would, from the single programme of each week, be able to choose some discussion which would be of interest and profit, both to himself and to others. The clinical material of the city would not longer go to waste. The same old paper would not go the round of all the societies, as now. A systematic and somewhat condensed report of proceedings might be better attained than at present.

Finally, as the library privileges would be open to all members, a monthly Field Night of the Faculty might be established, with special intellectual treats from prominent medical guests, which would bring into more helpful intercourse not only city, but county physicians, and supply a social want which convivial medical clubs established at various times have failed to satisfy.

* * *

ACCORDING to the *Georgia Journal of Medicine and Surgery*, the University College of Medicine of Richmond, Va., has had a greater annual increase of students than any institution in the South, last year having had 310 students in medicine, dentistry and pharmacy. The record of its graduates before the examining boards of the different States has likewise been unusually remarkable, the reports this summer showing that forty-two out of forty-three graduates passed the Virginia board, and that out of eighteen applicants before the last North Carolina board all passed, thus making the unusual record of 100 per cent. The records before the Georgia, New Jersey and Delaware boards have, it is stated, also been perfect.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 26, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	8
Phthisis Pulmonalis	..	9
Measles	1	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	43	5
Mumps	..	..
Scarlet Fever	4	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	17	7
La Grippe	..	..

Switzerland, with a population of 3,000,000, has over 6000 insane patients in her twenty State asylums. The females number over 3200 and the males 2900.

It is estimated that a million and a-half dollars will be required to relieve the Porto Rican sufferers, of which a large sum is necessary for medical and surgical purposes.

The American Association of Obstetricians and Gynecologists will hold its twelfth annual meeting in the assembly-room of the Denison House, Indianapolis, Ind., Tuesday, Wednesday and Thursday, September 19, 20 and 21, 1899.

Assistant Surgeon Frank J. Thornbury of the Marine Hospital Service, Baltimore, has been detailed to duty in the Immigration Bureau, New York. Dr. Allen W. Smith, who was assigned to duty in connection with the yellow-fever cases at Hampton, succeeds Dr. Thornbury in Baltimore.

The semi-annual report of the Interstate Commerce Commission shows that there are still in use 211,268 freight cars, or 17 per cent. of the entire number in the United States, not equipped with automatic couplers, and 44 per cent. without train brakes. As two years remain of the time granted in which to complete the equipment, the usual excessive mortalities and injuries may be expected to prevail in forthcoming records.

Director Merriam of the United States Census Bureau appeals to the medical press and to medical organizations in general for co-operation in collecting mortality statistics for the next census, which will contain much of practical value to the profession. Under present conditions not more than 50 or 60 per cent. of the deaths occurring in the country are reported. A plan will be adopted soon in which the director of the census asks the assistance of the medical profession throughout the country.

The Commissioners in Lunacy of England and Wales, in their report for 1898, chronicle an increase of 3114 patients certified as insane during the year 1898. This is the largest annual increase as yet recorded in their reports. The distribution of the increment is as follows: Private patients have increased by 231, criminal lunatics by 15, and pauper patients by 2868. The total number of persons officially known as insane and under the cognizance of the Lunacy Commissioners now amounts to 105,086 in England and Wales. "Hereditary influence" is assigned as the cause of insanity in 20.4 per cent. of the males and 25.9 per cent. of the females, while "intemperance in drink" is responsible for 22 per cent. of males and 9.1 per cent. of females. "Old age" as a cause of insanity shows a slight advance for males, while "mental anxiety and worry" shows a slight decline from the return of the preceding year.

Efforts are being made by the citizens of Cumberland to incite an indignation meeting protesting against the continued pollution of the Potomac river. In this connection it is of interest to note the recent report of the United States Marine Hospital Service, giving the results of the bacteriological examination of Potomac river water. The report is accompanied by a chart of the river basin, on which are indicated the numerous stations where infective matter was found. Thirty-six points show where colon bacilli and sewerage bacteria were found between Piedmont and Washington city. In the conclusion of their report, Drs. Sprague and Kinyoun observe: "The causal relation between the impure drinking water and this death-rate is so evident that to my mind it is almost criminal negligence to allow such an easily preventable condition of affairs to longer obtain in our midst, and it can be truthfully said that just so long as the inhabitants of this District are compelled to use Potomac water in its present state of pollution, from 200 to 250 lives will be needlessly sacrificed annually."

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Washington Notes.

From recent experiences American physicians should exercise a certain amount of precaution when visiting European hospitals.

The number of cases of diphtheria reported Saturday caused no little alarm in the Department of Health, and can only be accounted for by the commonness of sore throat and the failure to distinguish dreaded disease.

Twenty-five hundred male nurses are wanted by the War Department for service in the Philippines, and a special effort is being made to have young men enlist in the Hospital Corps. General Sternberg has ordered that twenty more female nurses be sent to Manila.

Dr. C. H. James, Jr., has been appointed physician to the poor at a salary of $30 a month. He fills the vacancy caused by the resignation of Dr. H. P. Johnson. Dr. William P. Miles has been recommended to fill the position of substitute physician, formerly held by Dr. James.

During last week 124 deaths were reported. Of these, six were fatal cases of typhoid fever, two of diphtheria and thirteen of diarrheal discases; deaths due to diseases of the brain and nervous system, seventeen; from consumption, seventeen. Number of scarlet-fever cases increased to twenty-five.

Acting Assistant Surgeon S. P. Cattrell has been ordered to accompany the Twenty-Eighth Volunteer Infantry to the Philippines. Acting Assistant G. R. White is ordered to San Francisco. Assistant Surgeon Capt. E. L. Munson is ordered to duty at Washington Barracks, and Assistant Surgeon Capt. D. C. Howard of West Point is ordered to Fort Hancock.

The annual report of the Washington Asylum, including District Workhouse and Almshouse, has been submitted to the commissioners and $221,615.80 has been suggested as the aggregate amount needed to meet the expenses of the institution for the fiscal year ending June 30, 1901. For contingent expenses, based on a daily average of 663 persons, $66,300; erection of workhouse for male prisoners, $50,000; for ground and erection of hospital buildings, $80,782.80.

Book Reviews.

SCHLEIF'S MATERIA MEDICA AND THERAPEUTICS. A Manual of Materia Medica, Therapeutics, Medical Pharmacy, Prescription Writing and Medical Latin. For the use of Students and Practitioners of Medicine. By William Schleif, Ph.G., M.D., Instructor in Pharmacy in the University of Pennsylvania. In one very handsome 12mo. volume of 352 pages. Cloth, $1.50 net. Philadelphia and New York: Lea Brothers & Co.

As set forth in the preface, this volume is intended to afford a condensed yet comprehensive text-book and work of reference on materia medica, therapeutics and a range of cognate subjects which can be grouped with manifest advantage. In addition to the paragraphs covering the physical properties, physiological action, therapeutics and toxicology of each medicinal agent, chapters will be found on prescription writing, medical Latin, medical pharmacy and practical anesthesia. Tables of doses, of poisons and antidotes and of incompatibilities, together with a therapeutic index of diseases and remedies and a general index, conclude a volume which it is hoped may prove of service to practitioners as well as students. It contains in a concise, definite and assimilable form the essential knowledge required in the most complete college courses on materia medica and therapeutics. From the low price at which the volume has been placed, and the typographical and mechanical execution of the work, the publishers anticipate for it a large sale.

REPRINTS, ETC., RECEIVED.

University and Bellevue Hospital Medical College, New York.

Chemicolegal Testimony—Strychnine. By G. H. Meeker, M.S., Ph.D. Reprinted from *Philadelphia Monthly Medical Journal*, May, 1899.

Appendicitis, or Salpingitis, with Complications, and a Report of Some Unusual Cases. By Thomas H. Hawkins, A.M., M.D. Reprinted from the *Medical Record*, May 6, 1899.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1898. Centennial Year. Washington: Government Printing Office. 1899.

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MARYLAND
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Original Articles.

SHALL WE OPERATE IN EVERY CASE OF APPENDICITIS?

By Virginius Harrison, A.M., M.D.,

Richmond, Va.,

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READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, AUGUST 22, 1899.

We find in nearly every journal something on the subject of appendicitis. This is because there is no subject of more importance to us as doctors, and it is the so-called mild cases of appendicitis about which our profession differs more often in regard to the treatment. This will continue until our methods of diagnosis are perfected in regard to the severity of the conditions existing within the abdomen, enabling us to lay down exact rules for the varying cases.

Those who favor the medical or expectant treatment use various arguments for substantiating their belief, the chief of which are the patient may recover if not operated on; if the patient gets worse rather than better within a day or two, then operate. Some advise us to wait until the attack has been recovered from, and operate in the interim. Taken as a rule, these statements may have had and did deserve some consideration a few years ago, when we had not the experience of today, which has so clearly demonstrated the advantage attained by an early operation.

Many have been the cases treated expectantly, and apparently with success, for the pain had subsided, the temperature and pulse had become either normal or nearly so, the rigidity of the abdominal muscles had relaxed, when suddenly symptoms of serious import arose, indicating suppurative peritonitis, or the rupture of a local abscess. Some cases are so mild, apparently, that after a few days' treatment we may doubt our diagnosis and render another, and not until a post-mortem has revealed the true condition of affairs do we appreciate how insidious the symptoms of appendicitis can be. A case of this kind has, I am told, occurred in surgical Richmond within the past two months.

Again, I have seen cases operated upon in which there was some doubt as to the existence of any serious lesion of the appendix, yet the operation taught us we had not operated too early. I recall a case in point; a young man had recurrent attacks so frequently that I advised the removal of the appendix. These attacks never kept him in bed more than one day. He never had a temperature over 100°F., nor was his pulse more than 80. There was always some little rigidity, though very slight. Before the last attack he skated until eleven o'clock P. M., and was taken the next morning at four o'clock with severe pain, which was promptly relieved by the action of a dose of Epsom salts. From these symptoms this surely could be classed as a mild case. I operated at one o'clock, and was much surprised to find a localized collection of pus ready to rupture and be followed by suppurative peritonitis.

I have seen all the conditions I have spoken of and many more illustrated many times over on the operating table. Nearly every operation for appendicitis impresses the fact upon me that early

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operation gives the patient the best chance of recovery. I honestly believe we will lose nothing by operating on every case as soon as we are sure of our diagnosis, provided there are not other diseased conditions that must engage our consideration. To use the words of Dr. Deaver: "Until the good Lord makes the belly wall transparent, it will be impossible to do other than guess as to the progress the appendiceal inflammation is making."

A few surgeons, and among them some high authorities, adhere to "the middle of the road" theory, advising that some patients be operated upon and others not; yet there are many bright luminaries in the surgical world, such as Murphy, Deaver, Treeves and others, who freely admit that they cannot tell what course any case of appendicitis will take, and advise the removal of the appendix; while the mortality should not be over 2 per cent. I envy the man who has the courage to act upon his honest convictions, provided these convictions have been made after a studious investigation of the subject.

When does the time-limit of a mild case end, or, in other words, how long should we wait before operating in case of mild symptoms? The time ends, in my opinion, when we have diagnosed the case as appendicitis. The damage is often done early in the attack. The two cases already referred to teach this. I could give you the history of a good many cases to demonstrate this fact and the correctness of my opinion; but, instead, shall quote the statistics of Dr. Will. J. Means of Columbus, as given at the June meeting of the American Medical Association: * * * "In nine cases operated on in the first twenty-four hours after the attack, the appendix was ruptured in five and coprolites were escaping through the openings. In the four other cases the appendix was inflamed, the mucosa showed pathologic changes, and the surrounding tissues were more or less involved. In seventeen cases operated on within forty-eight hours, the appendix was gangrenous in ten. In twenty-three cases operated on in seventy-two hours, twenty of these were gangrenous in some portion. In twenty-five cases operated on after the third day, there were abscesses in twenty. What do we learn from these statistics? Surely, it is the lesson that the earlier we operate the less grave will be the conditions with which we will have to deal, and therefore the lowest rate of mortality will be had in the early operations." If the statistics given by Dr. Means were unique we might stop and meditate as to their value, but when we find that his experience coincides with the experience of nearly all of those who operate daily, and who have the opportunity of verifying their statements over and over again, we must accept their statements as true, and act accordingly, until some light hitherto withheld has illuminated the abdomen and directed us correctly as to which cases will go on to complete resolution and which will hasten on from bad to worse with a fatal termination.

While we are still in the dark as to the ultimate outcome of any case, does it not seem more reasonable and better to open a few bellies in one hundred cases that do not require it, and have all, or practically all, of the cases to get well, than to wait until the appendix has become perforated, or gangrenous, and involving all the surrounding tissues? This latter condition will entail a far more serious operation and be attended with a corresponding higher rate of mortality.

Doubtless patients have had attacks of appendicitis, recovered and never had a return of the attack. We all know that this is the exception, and not the rule. If these cases were labeled so that we could recognize them, there would be no diversity of opinion as to the treatment. As a rule, one attack is followed by another sooner or later. We do not know that the attack supposed to have been the primary attack was in reality the primary attack at all; the patient may have had several and have been treated for some other abdominal trouble. The symptoms are no criterion in determining the amount of damage done within the abdominal walls. I have seen a flat abdomen, a normal temperature and pulse accompanying pus in the abdomen.

I wish to speak briefly of two other classes of appendicitis, viz., the acute fulminating and those cases seen after the

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advent of suppurative peritonitis. No one will, I suppose, take issue with me when I say all cases of the acute fulminating variety should be operated upon immediately. Appendicitis has become such a common disease that this class is usually diagnosed by the family by the time we are called. They have learned the necessity of an operation in the majority of instances. The old doctrine "too late for the early operation and too early for the late operation" has no place here. As soon as the patient can be placed in suitable surroundings to be operated upon the more chance will there be of success. Even slight delay is fraught with great danger. An hour may be sufficient for this appendiceal inflammation to do irremedial damage and place the patient beyond the pale of successful surgery.

This brings me to the consideration of a class of cases that deserves a more careful consideration as to the needs of an operation. I refer to those seen after suppurative peritonitis has set in. What shall we do with them? If we do not open the abdomen, irrigate and drain the peritoneal cavity, we know that the patient is inevitably doomed. If we operate, the large majority of the patients will die, and surgery will suffer as a consequence. These are the cases that the surgeon who is working for good statistics will avoid if possible. Is this right? Some of these cases have been saved. This being true, should it not be our duty to lend them our aid? For they are entitled to even the small chance of saving their lives if they desire it. The statistics of the surgeon, or the effect upon future surgery, amounts to nothing to them in comparison to their own lives. Again, by operating on these cases, we shall learn more of them, and may find a better method whereby we may be able to save a great many more than can be done by the present method.

In conclusion, I shall summarize by advising in all mild cases, when there are no complication of great moment, the use of "an ounce of prevention rather than a pound of cure," by operating just as soon as the diagnosis is complete. In the fulminating variety we all agree, I have no doubt, as to the advantage to be gained by the early operation. In those cases seen late, and in which suppurative peritonitis is present, without collapse, I think the patient is entitled to the very small chance given by the operation, after he has been fully advised as to the gravity of the situation.

2706 East Grace street.

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING HELD AUGUST 22, 1899.

DR. E. C. LEVY, president, in the chair; Dr. Mark W. Peyser, reporter.

Dr. Virginius Harrison read a paper entitled "Shall We Operate in Every Case of Appendicitis?" (See page 143).

Dr. Hugh M. Taylor deprecated the tendency of the laity to discuss the question of appendicitis and its treatment, and while we might honestly differ among ourselves as to the treatment, we should not encourage a settlement of the vexed question by those uneducated in medical matters. Should we operate upon every case of appendicitis? Certainly every case did not require operation. Which were the operable, and which were the non-operable cases? Should we refrain from operating in the mild case? Who could tell which was the mild case? The speaker could not. He had seen a gangrenous appendix coexist with a normal temperature and pulse, a non-rigid abdomen and a facies not at all indicative of a serious intraperitoneal lesion. This was common experience, and our inability to know what was going on within the abdomen was the one factor which impelled operative intervention in all cases. Should we trust to nature and medicine in the case in which the symptoms seem to be subsiding? The advantages of operating in the intervals of attacks were so overwhelmingly great that a majority of surgeons had in the past sanctioned this practice, but he doubted if there were many who had not found in a number of cases that they had waited too long. This fact had recently been impressed upon him by two cases that occurred in his own practice. If a tumor could be outlined,

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should we wait for operation till the symptoms have subsided? He thought that Greig-Smith was right in saying that it could be done, because the existence of a tumor was an indication that nature was equal to some resistance, and was walling in the focus of infection. The risks of waiting were, the symptoms might not subside, the exudate might increase and become better organized, the adhesions of the bowels might become firmer and more difficult of disentanglement, or the infection might extend, either because of rupture or through the blood vessels or lymphatics. We had no means of knowing what would be the outcome if such a case were treated medicinally, and to trust to medicines in appendicitis seemed to him like sending a boy on a man's errand. Until our diagnostic acumen had so increased that we could differentiate those cases going from bad to worse from those that were improving, he asked to be classed with the practitioners who advocated operative intervention in all cases. The only contraindications he recognized were a condition of profound toxemia and an inability to procure the services of a competent surgeon.

Early operation was conservative in that it was preventive surgery. Acute toxemia, from a rotten appendix or a peritonitis, killed in spite of operation, and death should be recorded as due to the want of early surgical intervention.

Dr. H. Stuart MacLean said that as a result of clinical experience he had been in favor of operating in every case of appendicitis, as he believed it better to operate on cases which did not require operation than to wait in those which did. Recent advances in hematology, together with a number of cases examined by him personally, had caused him to realize that a method of differential diagnosis more accurate than the ordinary clinical methods was available, viz., examination of the blood. In appendicitis with pus formation there existed a typical abscess, and in abscess formation there was an increase in the number of leucocytes, the increase being proportionate to the amount of pus formation. If there was no leucocytosis the case was either not one of appendicitis or one of the catarrhal form and extremely mild, or very severe and gangrenous, the patient being in a moribund condition. Recently he had seen a number of cases of appendicitis which but convinced him of the truth of the foregoing. In one the attack was very mild, the temperature being 99 1-5°, pulse 85, with very little rigidity of the abdominal muscles. The patient did not want nor did the physician advise an operation. Blood count revealed 15,000 leucocytes. On the next day the patient was better, but the leucocytes numbered 20,000. An abscess, increasing in size, was diagnosed, and he, thereupon, strongly advised operation. Quite a large postcecal abscess was found. This case would have gone on to rupture and death if clinical symptoms alone had been depended upon. In other cases the blood count had shown unmistakable signs of improvement before it was evident from clinical symptoms, thus, with safety, allowing the operation to be postponed until after the attack. In conclusion, he urged that this means of diagnosis and prognosis be given a trial, claiming that its value was not sufficiently recognized. While he would not say that it was infallible, he had yet to see the case in which the blood count was misleading.

Dr. Taylor asked if leucocytoses were present in gangrenous appendicitis, or where there was a coprolith or phlebitis, etc. Must there be pus?

Dr. MacLean replied that pus must be present. In the conditions named by Dr. Taylor there was always a certain amount, but there was none in catarrhal states.

Dr. Lewis Wheat asked if any discrimination could be made between the leucocytosis of secondary syphilis and that of appendicitis.

Dr. MacLean said there was no way of discriminating between the leucocytoses of different troubles.

Dr. J. N. Upshur said that he was not antagonistic to early operative interference in appendicitis; but he has asked the question, Is it possible that he has uniformly been making mistakes in diagnosis, or is it a coincidence that he has seen so few cases of the disease? He did not like to think the former was true. He could recall but three cases in his own practice in the last ten years. All were

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of the suppurative form, and were operated upon. In one case the operation was not performed as early as he thought it should have been done, and that patient died, but the others recovered. While, as stated, he earnestly believed in early operation, he was conservative in that he did not think it should be performed as soon as symptoms appeared, for the patient might get well without it. At the same time, when it was unamenable to medical treatment within the first twenty-four hours, an operation should be performed, and the doctor was derelict if he did not call a surgeon in consultation. He had been said to have had appendicitis once or twice, but he knew the attacks were gouty. The pain was that peculiar agonizing, burning one felt in the great toe by those subject to gout. He knew that a catarrhal trouble involving the cecum might result from lithemia, but unless it were prolonged, he doubted appendicular complication. Such a case sometimes responded promptly to treatment, sometimes not. In it one does not see rigidity of the recti muscles. One finds, however, decided modification of the symptoms as soon as evacuation occurs, and, if followed up by phosphate of sodium and uric acid solvents, the condition was soon relieved. The doctor had such an attack following the drinking of a single glass of Madeira wine. The morning after doing so there was pain in the left knee and great toe, which disappeared, to be succeeded by heartburn, and this, in turn, was followed by persistent pain in the cecal region. Was this appendicitis? He thought not; for, if it were, it would have recurred more frequently. Haig described such cases, and this fact of uric-acidemia should be considered, especially if the patient were at middle age.

Dr. Taylor remarked that Haig said one of the causes of appendicitis was lithemia.

Dr. Wm. S. Gordon remarked that a surgeon whose name he could not recall had stated several years ago in one of the medical journals that if he were suffering from an attack of appendicitis he would submit to an operation, provided a thoroughly skilful surgeon were at hand, but otherwise, he would take Epsom salt and leave the rest to nature. This remark taught us that, in laying down general rules for surgical intervention, the question must be discussed from various points of view. It had been stated that 80 per cent. of the subjects on the post-mortem tables revealed appendices which had been more or less diseased. Placing these cases with those which had come under the observation of the physician and surgeon, could it be maintained that operative measures in each case would have been followed by a lower mortality than medical treatment during and after the attack? Statistics were needed on this point. The speaker referred to several of his own cases in which prompt treatment by rest, salines, local applications and intestinal antiseptics, followed by strict regulation of the diet and bowels, had resulted in cure and non-recurrence after a period of several years. Many cases would never recur if the after-treatment were properly laid down and emphasized by the physician and faithfully carried out by the patient. It must be borne in mind that the operation for appendicitis might in itself prove fatal, even when done by competent surgeons, although the large majority of those who died after an operation succumbed to the disease and not to the operation. The speaker stated that he had a high respect for surgery and its achievements; that the cases which he had referred to surgeons for operation had recovered, and that he had never yet regretted having called in a surgeon, but if all of the means of diagnosis were conscientiously used, and if the cases were seen often enough to watch its changes, and the play of symptoms, he thought that certain cases would call for surgical relief and that others would fare best under medical measures. Dr. MacLean had examined for him the blood of a patient presenting a typical history of suppurative pelvic inflammation. He was on the point of having the woman operated upon, but the blood count, in Dr. MacLean's opinion, pointed to non-suppurative trouble, which proved to be correct. In appendicitis blood examinations ought to be made with reference to the advisability of operating. Much depended upon our means of diagnosis and the manner in which we applied these means.

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The President said he wished to corroborate what had been said regarding the value of a white blood-cell count in certain cases of appendicitis. He was surprised that in the discussion no mention had been made of the importance, where it was possible, of operating between the attacks in cases of recurrent appendicitis. This was certainly the time of election, and no surgeon would advocate operating during an attack of acute catarrhal appendicitis if he could be assured that the patient would pass through the existing attack without surgical intervention. But just here lay the difficulty, and just here was hematology, while not an unerring guide, of the greatest assistance to the surgeon.

In catarrhal appendicitis we almost uniformly have a leucocyte count below 14,000, while in the suppurative form there is always a marked leucocytosis, except in the most severe cases of all, where the system is so overpowered that leucocytosis (which is a defensive effort) does not occur. But the clinical signs in the last-mentioned cases are ordinarily so plain as to avoid all danger of misinterpreting the absence of leucocytosis. In illustration he wished to cite three cases where he had recently been called upon to make white blood-cell counts.

The first of these cases, a boy of twelve, was seen by Drs. H. H. Levy and George Ben. Johnston in his third attack. They advocated deferring operation until subsidence of the existing attack. But on the third day tumefaction increased, the pulse and temperature rose, and there was grave apprehension that suppuration had supervened. The leucocyte count, however, showed only 10,000 white cells to the cu. mm., and the surgeon was assured that no suppuration was present. The patient passed successfully through this attack and was operated upon before recurrence. The second case was a similar one, seen also for Dr. Johnston. Here the leucocyte count again excluded the existence of a suppurative appendicitis, and the patient passed through the attack without operation. In the third case, seen with Drs. Daniel J. Coleman and George Ben. Johnston, the patient, a boy of about ten years, showed symptoms but little more severe than the preceding two cases. Here the leucocyte count was 26,000, and the opinion was given that pus was undoubtedly present. A prompt operation was performed, confirming this diagnosis and saving the patient.

At times the leucocyte count may be relatively low, even in the presence of pus. In such cases, where the condition is not to be explained by the excessive violence of the attack, it is the progressive increase in the leucocytes rather than the number present at a single examination which must be our guide. Unfortunately, the leucocyte count does not throw the same amount of light upon a gangrenous appendicitis without pus formation as it does upon the suppurative variety.

In regard to operating during the interval, it was sometimes a source of slight embarrassment to the surgeon to find the appendix removed at this time, giving evidence of so little pathologic change (when examined without special preparation), even in cases where physical examination during the preceding attack, or attacks, had shown extensive involvement of the organ. The method introduced by Dr. Abbé for exhibiting the gross changes even in a quiescent appendicitis was most useful and at the same time very simple.

The needle of a hypodermic syringe is inserted into the severed end of the appendix. Around this end, with its contained needle, a ligature is lightly tied with a single knot. The appendix is then distended with ordinary (95 per cent.) alcohol, avoiding undue force. When thoroughly distended the ligature is firmly tied, just as the needle is withdrawn, and the appendix dropped into a bottle of alcohol. On the following day the appendix may be split longitudinally, and, being now firmly hardened, strictures, ulcerations, fecal concretions or other lesions will be shown in their true relations, and pathologic conditions can be demonstrated which would have escaped notice, or, at best, have been imperfectly demonstrable had the appendix been opened without such preparation.

Dr. Landon B. Edwards said he was becoming bold in sometimes saying that a patient had not operative appendicitis.

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and he wished to go on record as against this indiscriminate and wholesale operating. This was a result of careful observation and thought. Where there was pus, and the blood count showed it, he was not opposed to surgical interference; but when he went over the record of his patients who had recovered, and when he learned that 80 per cent. of all persons had the disease, then he believed in the necessity for a more thorough diagnosis and its proper application before he could give his consent to universal operation. He has advised surgical interference in but three cases, and had never had occasion to regret his diagnosis in others. If he stood alone, he would acknowledge it; but as he was supported by authorities, there was something in the records of physicians that lowered the value of surgical statistics. He could point out many persons who, in years gone by, had had typhlitis, perityphlitis, etc., who were still living, and who had had no recurrence. Surgeons said if he lost a case he was responsible. He came back and pointed out deaths from operations, even in the simple catarrhal form. He confessed that he was sometimes frightened when he saw appendicitis, but it was only because of the surgeon. It was extremely frequent to find the pain remaining in the region of the appendix even after operation. One patient had tubal pain, and the tubes were cut out, resulting in relief. Then she had appendicular pain, and the appendix was cut out. Finally, she had uterine trouble, and the uterus was cut, but the pain of the appendix never left her. There was a man now walking the streets of Richmond who had had his appendix removed, and who said he would rather have the pain of appendicitis than that which he had suffered since the organ was removed.

Dr. Edward McGuire said he thought, under certain conditions, there were two sides to Dr. Harrison's question. If a physician experienced in abdominal work or proper aseptic conditions could not be obtained, he believed the patient's chances were best if he were treated medically, for it was known that 70 to 80 per cent. recovered without surgical intervention. He had seen a good many cases get well of one or more attacks, and stay well. Where the surgeon was called in late, and the patient was convalescing, there might be justification in postponing operation till the interval, but in all other cases he believed the chances were best with immediate operation. He had never delayed a primary operation that he had not regretted it, and he had never operated in any instance, except when justified. Replying to those who advocated waiting until indications arose, he said it was the uncertainty of these indications that urged surgeons to early operation, for there was no one symptom or group of symptoms that revealed the progress of the disease or the pathological conditions present. As a rule, the surgeon was called in by the physician after all medical resources had been exhausted, and the disease had progressed from one safely operable to one dangerous or inoperable. He believed if all cases were operated upon within twelve hours from their incipiency, the mortality would be less than 4 per cent. He thought that Dr. Upshur had given in his own person a very accurate description of an attack of appendicitis.

Dr. Harrison, in closing the discussion, said that hematology told us when pus was present, but he had emphasized the fact that operation should be performed, if possible, before the formation of pus. Finding evidences of pus by this method might aid us if we doubted the necessity of an immediate operation. He was of Dr. McGuire's opinion in regard to Dr. Upshur's case. Replying to Dr. Gordon, he said he once advised waiting twelve hours in a case seen within the first twelve or fourteen hours of attack. As a result, the patient was dead within thirty hours of its beginning. Concluding, he repeated what he had said, viz., when eminent authorities, who have metropolitan hospitals with all the modern improvements for diagnosis at their command, could foretell which cases would be mild and which bad, he would insist upon immediate operation in all those having no complications which might seriously interfere with the chance of succcess.

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Medical Progress.

PAROTID-GLAND EXTRACT AND OVARIAN DISEASE.—In the New York Medical Journal of August 26, 1899, Dr. E. Pierre Mallett thus summarizes his experiments in the treatment of ovarian disease by the use of the parotid-gland extract. The writer does not attempt any physiological explanation of the action of the parotid gland on the ovarian structure, but would simply state some of its effects as observed by him:

1. It has seemed to relieve the pains of dysmenorrhea in all cases, without regard to the supposed cause or pathological condition present, to a greater extent than any of the numerous so-called uterine sedatives, all of which I have used.

2. It relieves those dull, aching pains referred to the back and ovarian regions, usually designated by those familiar though vague and unsatisfying terms, reflex pains, ovarian neuralgia, etc.

3. Menstruation, when deranged, seems to become more regular as to periodicity, less in amount, and shorter in duration.

4. During its exhibition, pelvic exudate seems to soften and become absorbed more rapidly under abdominopelvic massage.

5. The general health, strength and spirits seem to improve during its use, and those dull headaches which constitute such a persistent and annoying symptom in these cases are almost invariably relieved, and in some disappear entirely.

6. The only counter-indication that I have thus far met with to its use has been in cases of the artificial climateric (following double salpingo-oophorectomies), in which cases the flashes of heat and cold were made distinctly more frequent and severe.

It results from these facts that greater importance must be placed on increased accuracy in diagnosis. The time has passed when successful removal of the appendages is wondered at. Among men who have the true interest both of their patients and the profession at heart, it is rather incumbent upon the operator to prove that it was necessary to remove them at all; and any therapeutical agent, seeming, as this one does, to combat the tendency to pathological changes in the widespread and all-important conditions I have been considering, assumes professional and quite as much national importance. In the words of Dr. Bell, "An immense field for observation seems to be opening out, and will surely repay any amount of time expended upon elucidating these recondite physiological problems."

* * *

ETIOLOGY OF YELLOW FEVER.—The commission of medical officers detailed by the President to investigate the cause of yellow fever (Public Health Reports) conclude:

1. That the micro-organism discovered by Prof. Giuseppe Sanarelli of the University of Bologna, Italy, and by him named "bacillus icteroides," is the cause of yellow fever.

2. That yellow fever is naturally infectious to certain animals, the degree varying with the species; that in some rodents local infection is very quickly followed by blood infection, and that, while in dogs and rabbits there is no evidence of this subsequent invasion of the blood, monkeys react to the infection the same as man.

3. That infection takes place by way of the respiratory tract, the primary colonization in this tract giving rise to the earlier manifestations of the disease.

4. That in many cases of the disease, probably a majority, the primary infection or colonization in the lungs is followed by a "secondary infection" or a secondary colonization of this organism in the blood of the patient. This secondary infection may be complicated by the coinstantaneous passage of other organisms into the blood, or this complication may arise during the last hours of life.

5. That there is no evidence to support the theory advanced by Professor Sanarelli that this disease is primarily a septicemia, inasmuch as cases do occur in which the bacillus icteroides cannot

be found in the blood or organs in which it might be deposited therefrom.

6. That there exists no casual relationship between the bacillus "X" of Sternberg and this highly infectious disease, and that the bacillus "X" is frequently found in the intestinal content of normal animals and of man, as well as in the urine and the bronchial secretion.

7. That, so far as your commission is aware, the bacillus icteroides has never been found in any body other than one infected with yellow fever, and that whatever may be the cultural similarities between this and other micro-organisms it is characterized by a specificity which is distinctive.

8. That the bacillus icteroides is very susceptible to the influences injurious to bacterial life, and that its ready control by the processes of disinfection, chemical and mechanical, is assured.

9. That the bacillus icteroides produces *in vitro*, as well as *in vita*, a toxin of the most marked potency, and that, from our present knowledge, there exists a reasonable possibility of the ultimate production of an antiserum more potent than that of Professor Sanarelli.

* * *

Postpartum Hemorrhage Complicated with Fibroids Controlled by Saline Infusion.—Drs. Montague and Moss-Blundell, in the Lancet, report an interesting case of normal saline infusion with recovery. Primipora, thirty-nine years of age; pains strong and of frequent occurrence; head lying transversely, with the occiput to the left, and did not move with the pains. Abdominal examination revealed lump attached to fundus uteri. Delivery effected by high forceps under chloroform with great difficulty; child stillborn; perineum ruptured; severe postpartum hemorrhage; uterus grasped bimanually, fifteen minims of ergotin injected into the buttock, and the vagina washed out with a hot solution of perchloride of mercury, 1 in 1000. This checked the bleeding for the moment, but the patient was in a very precarious condition. Although the uterus was kneaded continuously, bleeding in small quantities still continued, and about half an hour later the injection of ergotin was repeated. The patient's condition became worse, the pulse was uncountable, the face was pallid, extreme restlessness and sighing respiration were present, the breath felt cool, and she was semi-conscious. Twenty minims of ether and one-thirtieth of a grain of strychnine sulphate were injected hypodermically and were repeated after a short interval. Infusion was deemed advisable; five pints of normal saline solution were infused by the median cephalic vein. From the very commencement of the infusion her condition improved; the pulse was 120, and gradually grew stronger through the night. As she vomited and retched continuously, which increased the oozing, ice was given and the retching ceased, after which there was no more hemorrhage.

Remarks by Dr. Montague: "There is no doubt in my mind that recovery in this case was entirely due to the infusion of the normal saline solution. The perineum united by first intention."

* * *

The Decadence of Antistreptococcic Serum.—An editorial in Obstetrics (University Medical Magazine), July, 1899, says: It now seems quite settled that Marmorek's serum, the antistreptococcic serum that it was hoped would give direct control of the germs of puerperal sepsis, is a failure. Before the Société Obstétricale de France, Macé reported in April adversely to its use, and stated that its employment was rapidly being abandoned. His views were endorsed by others present. The dissatisfaction of the Institute Pasteur was likewise mentioned, which, in itself, is the most deadly blow the remedy has received. The report of the committee of the American Gynecologic Society, at its recent meeting, was distinctly adverse. A large majority of cases of puerperal sepsis are of mixed infection, and it is scarcely to be expected that a serum whose potentiality was limited (in theory) to the destruction of but one germ, the streptococcus, would prove successful. Denise of Tourain allows for at least fifteen varieties of bacteria in the production of puerperal sepsis. He has prepared a

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serum with which sufficiently good results have been obtained to lead to further experimentation. Because of the failure of Marmorek's serum we need not fear that serumtherapy in this disease is unavailable. A successful serum will yet surely be discovered. The antidote may appear as a chemical, although it has not yet been demonstrated, and we cannot point to any chemical blood-remedy that can be used as an argument of analogy. But this argument of analogy is the basis of our faith in serumtherapy. We must believe that if there are antiserums for one germ there must be for all. From the day that vaccination achieved success the way has been pointed out along which the pioneers in germtherapy must move.

* * *

PNEUMOTHORAX AS A COMPLICATION OF PNEUMONIA.—At the meeting of the Société Médicales des Hôpitaux, Paris, on June 2, M. Antony (Lancet) described a case of pneumonia in which this very rare complication occurred. A young, robust soldier, aged twenty-two years, had pleuro-pneumonia of the right base. Intense tubular breathing was present, and the sputum was characteristic and contained the pneumococcus. On the fifth day the breathing began to assume an amphoric character, which gradually became more marked. In the seventh day, in the inferior half of the thorax, there were dullness and absence of respiratory sounds; in the middle amphoric breathing was heard everywhere. Hippocratic succussion was obtained. On the ninth day the heart was considerably displaced to the left and the dyspnea necessitated thoracentesis; 1100 grammes of sero-fibrinous fluid which contained the pneumococcus in pure culture were removed. Empyema followed, which was treated by aspiration and later by resection of ribs. The patient died exhausted by suppuration three months after the onset of the pneumonia. Repeated examinations always revealed the pneumococcus, but never the tubercle bacillus, in the pus and expectoration.

* * *

TUBERCULOSIS IN CHILDHOOD.—The prophylaxis of tuberculosis (as set forth in a tabulated article by Dr. George F. Still in the British Medical Journal) is probably of greater importance in childhood than at any other period of life, inasmuch as it is at this age that the disease is most prevalent and most fatal. The conclusions drawn from the author's observations are as follows:

1. The commonest channel of infection with tuberculosis in childhood is through the lung.

2. Infection through the intestine is less common in infancy than in later childhood.

3. Milk therefore is not the usual source of tuberculosis in infancy, perhaps owing to the precautions taken in boiling, sterilizing, etc.

4. Inhalation is much the commonest mode of infection in the tuberculosis of childhood and especially in infancy.

5. The overcrowding of the poorer population in the large towns is probably responsible for much of the tuberculosis of childhood, and prophylaxis must be directed to the prevention of this overcrowding, the improvement of ventilation and the inculcation of the extreme importance of fresh air during the earliest years of life.

* * *

THE SERUM TREATMENT IN YELLOW FEVER.—Dr. Alvah H. Doty, health officer, port of New York, reports in the Medical Record his treatment of the two cases of yellow fever brought into port last July by the United States transport McClellan from Santiago. Dr. Doty notes that the favorable conditions and results enumerated are what might be expected to follow the successful use of the serum, which is believed to limit the destructive action of the specific organism in the system. However, the age of the patient, an apparently good constitution, the early administration of nourishment and stimulants, with the use of saline solution by the rectum, and the most careful watching and nursing, may have contributed largely to the satisfactory termination of the case.

The importance of a thorough investigation as to the value of the serum treatment in yellow fever cannot be overestimated. The good results already ob-

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tained in diphtheria justify the belief that this method of treatment will sooner or later prove to be of great value in yellow fever.

* * *

CYSTITIS OF CHILDREN TREATED BY UROTROPIN.—Heubner (Therapeutic Gazette) reports excellent results from the use of urotropin in cases of cystitis in children. In two instances this drug was followed by cure. Once in a 10-year-old boy, suffering from gonorrheal cystitis, which had lasted for several years without yielding to other forms of treatment, urotropin was given for about seven weeks, in doses of about three grains five times daily. A girl, two and one-half years old, had suffered from cystitis for eight months. She was cured in three months by giving her, five times a day, one and one-half grains of urotropin. This treatment was continued for three months. In one child, aged seven, the medicament seemed futile. Operation showed pyelitis (hydronephrotic), because of a congenital stenosis of the ureter. The drug should be kept up for some time after apparent cure and without intermission. It seems to be of little service when th urine is acid. The daily dose varies between eight and thirty grains.

* * *

EPILEPSY FROM ABUSE OF COFFEE.—Marburg (New York Medical Journal) records the case of a previously healthy married woman, aged forty-four years, with a good family history, who acquired the habit in 1893 of eating daily from five to ten drachms of roasted coffee beans, while continuing to drink coffee in the ordinary way. Tremors of the hands and spasms followed, and finally in 1897 genuine epileptic convulsions, in which urine was passed unconsciously and the tongue was bitten. These recurred regularly every fortnight or oftener. In 1898 she was unable to obtain the coffee, and though at first the fits continued, since the end of November, 1898, there has been only one, and that after an indiscretion in diet. Syphilis, hysteria and the menopause could be excluded as causes, and since alcohol, mercury, lead, ergotin, chloroform, ether and other poisons can produce epilepsy, it seems very probable that the writer's view that the coffee was the cause of the attacks is correct, especially since the number of the fits decreased when the coffee was relinquished.

* * *

GENERAL USES OF ARSENITE OF COPPER.—Commenting upon the article with the above caption, which appeared in the MARYLAND MEDICAL JOURNAL of July 29, 1899, Dr. J. J. Taylor, editor of the Medical Council, adds: "We wish to state that we have been employing the arsenite of copper with satisfaction in an increasing number of conditions. In acute intestinal disorders, due apparently to ptomaine poisoning, it is one of the most prompt and satisfactory remedies we have, as employed originally, we believe, by the homeopathic practitioners, and brought earnestly to the attention of the regular profession by Dr. John Aulde of this city. Its efficiency in spasmodic dysmenorrhea was pointed out by Dr. W. Blair Stewart of Atlantic City, N. J. Lately it has proven quite efficacious in whooping cough. Being a very active remedy, its dosage is quite small, as shown in the above prescription, but to obtain the best effect it should be frequently repeated."

* * *

TREATMENT OF CHRONIC ECZEMA IN INFANTS.—Neuberger-Nürnberg (British Medical Journal) has treated thirty children, varying from two to five years of age, with small doses of arsenic. The treatment consisted in giving a child two years of age and over Fowler's solution ℥j, aqua distill. ℥j. This amount was given once a day after a meal and continued for one or two weeks. The dose was increased in the third and fourth week to two or three drops. The amount given never exceeded seven drops a day. In infants and children under two years of age Fowler's solution 1.5, aqua distill. 3.5 was given, and the dose in these cases never exceeded five drops a day. The infants took the arsenic well. The author was satisfied with the results, but often there is no sign of improvement till fourteen days have elapsed.

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MARYLAND

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PUBLISHED WEEKLY.

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BALTIMORE, MD.

WASHINGTON OFFICE:
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BALTIMORE, SEPTEMBER 9, 1899.

Autumn Novelties.

GET out of the old rut, doctor. Your patients are not Chinese. They are live Western Hemisphere folk, always ready for the latest idea. Because they are sick, they cannot stand endless monotony without at least some reaction against it. In sheer self-defense they will leave you if you do not import something new into your methods or equipment.

To come to the same old dusty office day after day, week after week; to gaze for quarter or half hours on the same dilapidated walls and ceilings, the same old pictures, the same antique volumes, the same dusty heaps of odd journals they saw there a year ago, will beget a spirit of loathing that will turn them away to some live competitor who knows that human nature absolutely needs variety if its interest is to be maintained.

Or if the visits are to the patient's home, remember that your chronic patients have learned almost by heart your little round of small-talk subjects, can anticipate the conclusions of your tedious dissertations, can tell by a sniff the nasty constituents of your favorite prescriptions, and have gotten on to your treatment and regimen so accurately that they doctor half the ailments of the neighborhood.

Something must be done, and that quickly, or the new graduates, newly arrived, with new methods, attractive equipment, unfamiliar, and, therefore, supposably wonderful therapeutic agents, will run you out of practice.

Don't change everything at once, lest the condition of your frontal gray matter be gossiped about; but get out some special attraction for the changing season—a cleaned up, brightened office, a handsome window plant, a new buggy, a popular hobby, a few new ideas on medicine and therapeutics from some recent text-book or live journal, a weekly night at the medical society, a little practical work in modern methods of bacteriology or clinical analysis.

Bribe your patients' attendants to innocently dump out all the old prescription bottles into the ash heap, and then start over again with a gilt-edged placebo, or, if that fails to bring convalescence, a modern drug or two, and talk learnedly of chemotaxis and leucomaines, with an occasional reference to lymphocytes and neutrophiles, and suggestions as to the remote effects of stercoremia.

Don't let your diphtheria convalescents loose on the community any more without precautionary throat cultures; don't diagnose laryngeal troubles any longer without throat mirrors; don't treat malarial fevers for months as "typhoid," when a drop of blood under the oil-immersion lens will reveal to a raw young graduate the plasmodium agent.

There is no cause for discouragement. The community prefers a live physician of experience to an immature graduate; it only demands life—that life which changes to adapt itself to new-born eras.

* * *

Imagino-Therapy.

ALL woman is (clinically) divided into four parts—blood, bowels, pelvic organs and imagination. This is so well known to the profession that a simple statement of the truth suffices. The point at present urged is that the fact that an ailment is cured through the imagination does not prove that the ailment is imaginary. This second fact is not as familiar to the profession as the first; some may even be found to dispute it.

Through the imagination (as is well known) the arterioles of a sensitive woman will contract and relax, producing pallor or a becoming blush, according to the theme presented in her thought. In certain states of illness the

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whole cutaneous surface may flush and burn from the above cause, much to the distress of the patient, whose public life may be rendered miserable thereby.

As the vasomotor nerves of inward organs are probably subject to like impressions through the imagination, it is not unreasonable to suppose that acute or chronic congestive disorders of these organs may be greatly affected by this agency.

It is not wise that imagino-therapeutics, such as the use of hope, fear, expectation of relief, mental exhilaration, wonder, curiosity, should be pooh-poohed by physicians and left to the quacks.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 2, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	6
Phthisis Pulmonalis	1	12
Measles	2	..
Whooping Cough	..	1
Pseudo-Membranous Croup and Diphtheria.	40	2
Mumps	..	..
Scarlet Fever	4	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	*36	4
La Grippe	..	..

*8 cases imported.

Dr. W. F. McNutt, after twenty-two years' continuous service in the medical department of the University of California, has resigned from the chair of the principles and practice of medicine in that institution.

England has been much aroused at the work on cancer done by Dr. Roswell Park of Buffalo, and a laboratory for the study of cancer on the model of Dr. Park's will probably soon be equipped in London.

The last circular issued by the State Board of Health of Pennsylvania, No. 52, relates to the hygiene of barber shops. Instructions are given for the guidance of barbers and hairdressers in preventing that class of skin and contagious diseases liable to be propagated by tonsorial artists.

A report comes from Havana to the effect that the Governor-General is making investigations relative to the anti-malarial influences of the eucalyptus tree. Favorable experiences with the tree have been cited in the British camp in Jamaica, in Italy, Mexico and elsewhere.

It is interesting to note that many important drugs have to be subjected to one of two methods before their therapeutic efficacy can be determined—the chemical and the physiological. For instance, ergot, which is one of the most important therapeutic agents to the practitioner, requires the physiological test, as there is annually placed upon the market thousands of pounds which has very little therapeutic value. But a physiologically tested ergot will always be reliable. The oxytocic powder is determined upon pregnant animals, and the related hemostatic action by feeding the drug or extract to cocks, the result being shown in the comb and wattles of the fowl.

The stringency of State laws regarding the protection of the milk supply cannot be too severely expressed. The use of preventives has been legislated against very generally, but the employment of formaldehyde for the preservation of milk is perhaps as deleterious as any of the previously condemned articles, such as boric acid, salycilic acid, etc. Formaldehyde is difficult of detection, and hence is widely used among dealers. The recent experiments of Dr. Frank Morrison, president of the Indianapolis Board of Health, show conclusively that even the slightest trace of formaldehyde in milk unfavorably affects the processes of digestion.

A prominent druggist who deprecates the increasing consumption of patent medicines, which he avers are brought out for purely mercenary motives, predicts that conditions are ripe for a radical change. "Let us turn," he says, "to the many so-called headache cures, which are unfortunately only one class among many similar ones. The commonly fatal results that follow their use are quite sufficient to show the nature of these remedies. If the customer is cured of headache he is often so cured only at the risk of impaired heart action. This traffic, carried on in such an irresponsible way, contains a tragic list of crimes committed in the name of 'business.'"

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Current Editorial Comment.

PUBLIC INSTRUCTION.

Philadelphia Medical Journal.

THERE can be no doubt that it is the duty of some one, or, as that indefinite person never was known to do his duty, of the medical profession, to instruct the public in the elementary matters of sanitary prudence. If a few of the well-informed and the half-informed go astray from wickedness, a great many of the ignorant and stupid do so because no one has ever warned them.

THE ETHICS OF CONSULTATION.

Medical Record.

IT is a deplorable fact that almost every medical or surgical case which, in consequence of the position or importance of the patient, is the subject of newspaper comment, has its dark background of additional sensation in the shape of a professional scandal of some sort. There is seemingly a craze for notoriety on the part of some of the outsiders which focuses its venom of envy on those who are doing their best to perform strictly professional duties in a difficult and responsible case. The latest manifestation of this propensity has been evident in the full and disgusting public ventilation of the unseemly surgical quarrel over the particular treatment which Labori should receive.

THE INDEX MEDICUS.

Medical News.

IT would be unfortunate, indeed, if this great help to the medical profession everywhere, as well as in England and America, should cease to be published in English. An appeal has already been made to the American Medical Association (at the recent Columbus meeting) to take upon itself the expenses necessary for the publication of the *Index*. The *Medical and Surgical Review* of London suggested recently in an editorial that the *Index* was a matter of interest to all English-speaking medical men, and that the British Medical Association should unite with the American Association for the worthy object of guaranteeing it financial support. The suggestion is an eminently fitting one, and seems most opportune. While the American Medical Association is well able to take upon itself the pecuniary burden of the *Index*, should it see fit, still it would be a most graceful act for the British Medical Association to offer to share that burden. * * * We shall confidently look for the heartiest co-operation in this matter from the two associations—a co-operation that will do much to draw English-speaking medical men closer together, while serving to perpetuate a most useful and labor-saving work for the medical profession of the world.

Book Reviews.

ECKLEY: PRACTICAL ANATOMY, Including a Special Section on the Fundamental Principles of Anatomy. Edited by W. T. Eckley, M.D., Professor of Anatomy in the College of Physicians and Surgeons, University of Illinois; Professor of Anatomy in the Northwestern University Dental School; Professor of Anatomy in the Chicago Clinical School, and Director of the Chicago School of Anatomy and Physiology; Member of the American Medical Association, the Chicago Pathological Society, the Chicago Medical Society, etc.; and Mrs. Corinne Buford Eckley, Instructor of Anatomy in the Northwestern University Dental School; Professor of Anatomy in the Northwestern University Woman's Medical School: Professor of Anatomy in the Chicago School of Anatomy and Physiology. With 347 illustrations, many of which are in colors. Octavo. Price $3.50 net, cloth; $4.00 net, oilcloth. Philadelphia: P. Blakiston's Son & Co.

THIS book comprises a very practical dissecting-room guide to Morris's Human Anatomy, which, indeed, is the purpose announced by the author. The rank and standing of Morris's Anatomy places "Practical Anatomy" in a right relation at once. The book is written for beginners and gross anatomy only is considered. A commendable feature is the frequent introduction in the body of the work of review quizzes, to aid the memory of the student in fixing salient points seen in dissection. The plates and presswork are well executed, and the whole marks an important advance in the aids to this branch of science.

PRACTICAL DIAGNOSIS. The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia, etc. Fourth edition, revised and enlarged. Illustrated with 205 engravings and fourteen colored plates. Pp. x-17 to 631. Price $5. Philadelphia and New York: Lea Bros. & Co. 1899.

There is very little to say about this excellent work. It is only more worthy since the second edition appeared. There is a little addition, much revision and a few new illustrations. The work is very popular with students.

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MARYLAND
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Original Articles.

AN EMERGENCY OBSTETRICAL CASE.

By Hugh H. Young, M.D.,
Baltimore, Md.

THE following emergency case in which the writer participated while spending a vacation in the mountains of Western Texas seems sufficiently interesting to warrant publication:

E. D., age twenty-two; married four years; seen first June 26, 1899. Comp., pregnancy.

P. H. as a child was weakly and had chorea. Menses began at sixteen; always irregular; married at age of eighteen. First pregnancy a few months after marriage; miscarriage at end of seven months, caused by a fall. Second pregnancy four months later; miscarriage one and one-half months; cause (?).

Present Pregnancy.—About July 4, 1898, had a regular menstrual period. On August 3, after a long ride, patient passed a few drops of blood from the vagina, but says she had none of the sensations of menstruation. After that she had no more "monthlies," and considers July 4 her last. In August began to have a "morning sickness" regularly. In latter part of September noticed a swelling in lower abdomen, which became very marked in October, and patient realized that she was pregnant. In December felt "quickening" movements. In January had pains in lower abdomen, which simulated labor pains, but only lasted three hours. In February abdomen was very large, and as patient expected to be confined soon she came to Ft. Davis, Texas. On April 3 patient had what she considered her labor at full term. Pains typical in character; lasted through the day and night with great severity, until the bag of waters ruptured, when they disappeared immediately. Dr. Ross, who saw her, says she had every evidence of being in labor at full term.

One month later came another "attack of terribly severe labor-like pains," lasting over a period of twenty-four hours. There was no flow of "waters" at this time.

On May 21 patient was seen by another physician, who diagnosticated ovarian tumor, and advised operation. During this period from April to June patient remained in bed, expecting to be confined daily.

On June 26 case seen by writer in consultation with Dr. Ross. Patient in good general condition. Swelling of abdomen extremely large for pregnancy; breasts large, lactating; outlines of child felt; vertex presentation, back to left; heart-beat 142 to minute; os easily reached, large, soft, admitting tip of index finger; no tumor felt; rectal examination negative; advised waiting a few days.

Two days later, while on a hunt in the mountains, was recalled by messenger, and found patient had been in labor eighteen hours, and membranes had been ruptured four hours before.

Examination.—Os large, fully dilated; head presentation L. O. P.; membranes ruptured; head low down and jammed against symphysis; pains frequent and hard; attempts at manual assistance ineffectual; chloroform administered; poor variety of low forceps only ones at hand; numerous attempts made to deliver with forceps; great force exerted by operator and Dr. Locke of New Hampshire, who kindly assisted. These maneuvers being unsuccessful, version was performed; both feet brought down, followed by arms and body up to head; fingers inserted in

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mouth, which presented posteriorly; strong traction made. It was evident that head was too large to be delivered. Mother was in good condition; child still alive; delivery impossible; no craniotomy instruments at hand; symphyseotomy seemed only possible solution of problem.

Operation.—A knife and a few clamps hastily boiled; vulva cleansed with bichloride; child still alive, head alone undelivered.

Incision two inches long, carried down to symphysis, which was rapidly divided, the index finger of left hand being pushed behind symphysis to protect bladder when lower part of symphysis and triangular ligament were divided. Operation very simple; duration three minutes; hemorrhage slight; wound packed with iodoform gauze; separation of one inch at once obtained, and head extracted with ease; placenta expelled by Crédé; moderate post-partum hemorrhage.

Symphyseotomy wound closed with interrupted silk sutures; small pack at upper angle; perineal tear closed. At end of operation patient was in splendid condition and rapidly regained consciousness.

Convalescence uneventful. Pack removed on second day; symphysis solid in a few weeks; patient out of bed on fourth week.

Child, although alive just before delivery, failed to breathe, and attempts at artificial respiration were unsuccessful; male child; weight nine pounds, length twenty-two and one-half inches.

CRANIAL MEASUREMENTS.

Occipito-frontal diameter, six inches.

Occipito-mental diameter, six and one half inches.

Bi-parietal diameter, four and one-half inches.

Head very large; child thin; cranial sutures apparently considerably ossified; fontanelles very small.

Mother.—Height five feet; weight about 100 pounds; no evidence of rachitis or osteomalacia; general condition good; very neurotic temperament; history of frequent attacks of hysteria.

PELVIC MEASUREMENTS (TAKEN ONE MONTH AFTER SYMPHYSEOTOMY).

Distance between iliac crests, eleven and one-half inches.

Distance between anterior iliac spines, ten and one-quarter inches.

External conjugate, seven inches.

Conjugate (by abdominal palpation), four inches.

Remarks.—The pelvic measurements of mother show a normal distance between iliac spines and crests, but the external conjugate shows about one inch narrowing. Considering that symphyseotomy had been performed previously, it is probable that these transverse measurements are larger than they were at labor, and that the pelvis was slightly generally contracted, probably owing to the small stature of the woman—five feet.

A comparison of cranial diameters of the child with the usual figures shows a marked increase in all diameters, viz.:

Occipito-frontal, six inches; normal, four and one-half; increase one and one-half.

Occipito-mental, six and one-half inches; normal, five and one-quarter; increase one and one-quarter.

Bi-parietal, four and one-half inches; normal, three and three-quarter inches; increase, three-quarters.

The weight (nine pounds) and length of child (twenty-two and one-half inches) are both above normal, the weight being particularly large for so lean a child.

These figures all seem to show that the child was carried far beyond the full term.

Duration of the Pregnancy.—The mother insists that July 4, 1898, was her last "monthly," and that the "few drops of blood" passed per vaginam after a long ride on August 3 was accompanied by none of the symptoms of menstruation. She based her calculations on July 4, and expected to be confined early in April. She therefore thought that the severe labor-like pains which she suffered April 3 were those of labor at full term. In a note she rather graphically describes her labor of April 3 thus: "The 3d of April was the first time I had the pains just like labor pains all day, and at night I took the medicine (morphia) left by Dr. Ross and went to sleep, but, awakening with such pains, I was about to get up when I felt everything inside of me give one push and pop (sounded like a cap-pistol), and a rush of water came, and in less than three minutes the bed was so wet that it

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had to be changed. But there were no more pains—only a weak feeling."

From the above description there is little doubt that the membranes ruptured, and it is certainly a most unusual occurrence for pregnancy to be continued three months after such an occurrence and the fetus still live.

If we accept July 4 as the date of last period the duration of the pregnancy would be between 336 and 359 days, and while this sounds preposterous, there are a number of similar cases recorded where 324, 332 and 336 days was reached. Meigs, Atlee and Simpson have all mentioned instances where the duration was prolonged to almost or quite a year.

Our patient is a woman of considerable intelligence, and her dates are corroborated by her husband and sister. The fact that she noticed the swelling of the abdomen in September, which became considerable in October, and felt the "quickening" in December (generally four and one-half months after impregnation), all point to the middle of the summer as the time of conception, and the numerous attempts at labor over a period of three months, the unusual size of the fetal head and the completeness of its ossification add further evidence to the probability of a pregnancy carried far beyond its usual limits—perhaps almost twelve calendar months.

It has been a matter of considerable regret that the child was not saved. Possibly it would have been better never to have done version, and performed Cesarean section, or to have done the symphyseotomy sooner. The child was certainly alive two or three minutes before extraction, which is remarkable when we consider the duration of the manipulations.

Judying from this experience (which occurred in a kitchen, with no surgical conveniences at hand) symphyseotomy is a very simple operation. If ordinary attention is paid to hemistasis, and care taken not to injure the bladder and urether (it was protected by the finger in our case), there would seem to be little danger but from sepsia, and this would seem to be much easier to avoid here than intrauterine infection during craniotomy. But the fact that the German authors of large experience consider it dangerous, and prefer the Cesarean operation, which is certainly more difficult, is worthy of consideration.

Ft. Davis, Texas, August 1, 1899.

A VISIT TO THE LOOMIS SANITARIUM.

By William B. Canfield, M.D.,

Lecturer on Clinical Medicine, University of Maryland; Visiting Physician to the Hospital for Consumptives of Maryland, etc.

Most non-medical persons, and too many physicians, treat with amazement any attempt to cure pulmonary consumption, maintaining that such a disease is incurable and the poor patient might better be left at home than separated from family ties and brought to a large institution to die. A visit to some of the more modern institutions for the cure and arrest of this disease would open the eyes of these blind persons.

In the Northeast the two best-known institutions for the cure and arrest of pulmonary consumption are situated in New York State. Dr. Trudeau started his sanitarium about fifteen or more years ago in the woods of the Adirondacks, he having gone there first for his own health. About three or four years ago the late Dr. Alfred L. Loomis of New York picked out a site near Liberty, in Sullivan county, New York. It is a large tract of land, about 2300 feet above sea level and sloping off to the south. While this sanitarium is young, it has made vigorous strides, and, being accessible, I made it the object of my visit there this summer.

While the sanitarium has a board of directors, much, and indeed almost everything, is left to the discretion of the physician in charge, Dr. J. Edward Stubbert; so it was my great fortune, although unknown to him, to be met at the station in Liberty and taken to his private house, from which point, as a center, I radiated out to the various buildings which comprise this sanitarium.

This sanitarium has been of rapid growth, and while accommodating about eighty or more patients, is nearly always full, and many are on the waiting list. It consists of an administration building and various cottages grouped around this.

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building, and on a crag above the whole is the house of Dr. Stubbert, the physician in charge.

What strikes one at first, and especially one from a large city hospital, is the high social condition of the patient and also the physical condition. It is as if one were at a summer resort, that is, provided the visit be paid in summer, for the patients walk about, go to the village when they please, amuse themselves with golf, croquet, billiards, or what they please, and most of them look round and sunburnt, and have little the appearance of invalids.

There is absolute freedom from restriction with two excepticns—one is that patients are expected to be at meals within the hours designated, and the other is they are expected to retire not later than 10. All these patients are under medical supervision, and receive medicines and foods suited to their conditions, and are expected to report to the physicians at stated periods.

The principal building is the administration building, which contains the offices, the consultation-rooms, the superintendent's office, the dining-rooms, kitchens, etc. Besides this and the cottages for patients, there is an infirmary for such patients who develop fever or some complications more serious than usual, for, as a rule, only incipients are taken, and if they show a too unfavorable tendency they are sent off, and for this reason the mortality is very low. There is also a casino, which contains a piano, an organ, a billiard table, a very well selected circulating library of over 1200 books, and a hall for dancing or other amusements. A chapel is now in course of construction.

Dr. Stubbert has three assistant physicians and between fifteen and twenty nurses, and his character is imprinted on all the work done there, for it is thorough, prompt, and everyone must "toe the mark," so to speak.

The treatment is characterized, first of all, by its aggressiveness. In so many institutions good food, rest and fresh air are the principal means towards recovery, and these are all used here, but Dr. Stubbert, with his ample facilities, eagerly uses any new remedy which to him seems worthy of a test, and his experience shows that his theories are good. Ichthyol he uses in enormous doses—as high as thirty to sixty grains in a day. After admission a patient is recorded, and then a physical examination is made; then the case is taken to the *x*-ray room and a careful *x*-ray picture taken. Then the two diagnoses are compared. Besides the treatment by ichthyol, hot-air inhalations are used; the throats are treated in the well-equipped throat-room by Dr. Wells, the house physician.

Cases that are nearing recovery, or cases not far advanced, have been much benefited by injections of the United States government serum, which has given wonderful results in Dr. Stubbert's hands. Instead of the pneumatic cabinet used in some institutions, Dr. Stubbert has arranged a graduated set of hill-climbing, those walks being numbered 1, 2, 3, 4, etc., respectively, and the patient does not attempt to take No. 2 until he has mastered No. 1.

Many patients are treated with the static current, Dr. Stubbert believing that this not only increases the number of red blood corpuscles, but also promotes the assimilation of iron, which they take. The cases are kept in the open air for as many hours as possible all throughout the year, and even in winter, when the winds are strong and the thermometer falls to 16° or 20° below zero, these cases walk and sleigh. The northwest winds seem to do no harm.

The demand for places in this sanitarium exceeds the supply, and, strange to say, it is the most expensive quarters that are desired, and few or no low-priced cases are taken. The consequence is that the institution is more than self-supporting, and the surplus money is turned back for the improvements. In the few years that Dr. Stubbert has had charge of this institution the fame of Liberty has spread and the size of the town and the number of the hotels has increased enormously. The consequence is that in Dr. Stubbert's private practice in the village of Liberty may be seen from fifteen to twenty-five pay cases a day, and there is hardly a good hotel where his skill is not called in.

The furnishings of the rooms and cot-

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tages, while not elaborate, are not that studied plainness which the "germ crank" would demand. There are plenty of corners and angles, but the cases expectorate little, and they all carry the spit cup when necessary. As they enter the dining-room the spit-cup is put outside, and, if it is necessary to be used, the patient must leave the table and go out.

The nurses' training school forms a very important part of the work, for here are trained nurses who understand the care of tuberculous cases. These nurses receive a part of their training at this sanitarium, and are sent to New York for what they cannot learn here. Of the eighteen or twenty nurses in this institution half of them at least have been patients, and hence they take a livelier interest in their work and appreciate the complaints of the patients. The patients are weighed at intervals and their sputum is examined periodically.

Much might be added to explain the workings of this wonderful institution, and one who has not visited there can hardly appreciate how much work is done in this little lonely mountain home in one day, and especially the work done by Dr. Stubbert, who is, in a measure, responsible for all, and who has his hand on the lever and watches every piece of the great machinery. It is rather a matter of local interest to know that Mrs. Richard Irvin and Mrs. Alfred L. Loomis, who are respectively president and treasurer of this sanitarium, are native Baltimoreans.

This sketch of a visit to a consumptive sanitarium is necessarily brief and hasty, and perhaps much has been omitted, but it can hardly close without paying a tribute to the medical and executive skill of the physician at the helm.

CAUTION IN COCAINE ANESTHESIA.—When giving cocaine (Dr. Heineck in Medical Standard) always have some aromatic spirits of ammonia, some nitrite of amyl and some ether at hand. These are useful agents with which to combat cocaine intoxication. Upon the first appearance of symptoms of poisoning, have (a) patient immediately assume the recumbent posture; recovery takes place more rapidly in this position; (b) give hypodermic injections of ether.

Medical Progress.

THE COATED TONGUE.—In the New York Medical Journal Dr. W. H. Weaver of Chicago has an article on the coated tongue. The fur on the dorsum of the tongue consists of epithelial cells, detached papillae, considerable granular matter, organic and inorganic, all of which is kept in a state of fermentation by schizomycetous fungi* (Butlin: St. Bartholomew Hospital Reports, 1879, p. 37). Millions of these micro-organisms may be found in a small particle of the coating. These fungi consist of micrococci, sarcinae, bacteria, spirilla, innocent or infectious, if an infectious disease exists in proximity. If one member of a family has tuberculous consumption tubercle bacilli may be found in the coating of the tongues of the other members. The micro-organisms thus found growing on the tongue are constantly washed into the stomach at every meal; thence are carried into the blood, probably through the lacteals. In this manner the blood may be supplied with so many germs that infection sooner or later takes place.

From a clinical standpoint this coating plays still another *rôle*, and should be looped upon as a comparative index to the purity or impurity of the blood. To say that it indicates or depends upon the condition of the stomach, or is simply of such and such a character in certain diseases, means nothing but the statement of a coincidence.

When the urine stands for a time in an unclean vessel, the solids, including both organic and inorganic constituents, are precipitated. The larger the amount of waste matter drawn from the blood and the denser the urine the greater will be the amount of the precipitate. The same changes occur in all the other fluids, excretions and secretions of the body when their temperature and normal conditions vary.

The salivary secretion is composed of certain normal constituents. Besides these normal constituents, which vary within certain limits, there are undoubtedly some abnormal elements which are carried out through the glands from the blood when it is surcharged with impurities. Now, when this abnormal saliva is

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thrown into the mouth and subjected to the action of the numerous micro-organisms of fermentation, more or less of the solid matters are thrown down and constitute a salivary precipitate, which lodges on the teeth and on the dorsum of the tongue, also on the gums and lips, which, in cases of typhoid fever, is known as sordes. This salivary precipitate can be recognized on the teeth, as it roughens their surface. It is easily removed by the use of the toothbrush. It covers the teeth as a whitish deposit which microscopically shows the different forms of micrococci and bacilli. Upon the tongue it is allowed to remain until it becomes very offensive, unless it is systematically removed by scraping. It undergoes fermentation very readily, and is usually of the same character, consequently communicating an odor to the breath which is recognized as being the same wherever it occurs. In Bright's disease, in diabetes, and in almost any disease in which the nutrition and excretory organs are disordered, the coating becomes very foul, and the fouler the tongue the more serious the condition of the patient, the more sluggish his excretory organs, and the more heavily loaded his blood is with toxines. In some diseases the odor of the breath, as well as the color and character of the coating, is peculiar to the disease, depending upon the peculiar forms of toxines with which the blood is charged.

Besides the systemic germ infection, it is a question if the highly offensive odor, noticeable in any case in which the tongue is heavily coated, has not also a considerably depressant effect on the nervous system, if not on the nutrition, acting much like a gaseous poison, as all the inspired air is laden with it as well as the expired air.

It has been my custom, when consulted regarding a foul breath or coated tongue, to advise the patient to procure a tongue scraper and diligently clean the tongue every morning as a part of the morning toilet, using after it a disinfectant mouth wash on the tongue and as a dentifrice. This method will remove the foulest odors from the breath. The same deposit appears on the tongue every morning, and must be removed as often.

Every surgeon who has a coated tongue and wishes to be aseptic should look to this possible source of infection, for in coughing, sneezing, or even speaking, it is known that the breath takes with it particles of moisture from the mouth and throat. And every patient who is to have an operation about the mouth or throat should have his tongue cleaned and disinfected. Every fever patient should have his tongue systematically cleaned to remove just that much self-infection. And every person who wishes to be agreeable in the society of others should remove the foul coating on the tongue and with it the offensive odor of the breath.

* * *

Hygienic Value of Paint.—Regarding the effect of various paints upon bacteria, Dr. Heimes has recently (Medical Record) delivered a notable lecture before the Greifswald Medical Society. With what kind of paint the walls are covered does not appear to be an unimportant matter for the sanitary conditions in a building. Dr. Heimes conducted the following experiments: He took equally large pieces of oak, poplar and pine wood, and of iron and cement plates, and covered each with oil paint, size, lime paint, or enamel paint. After the paint had dried perfectly the plates were coated with cultures of various pathogenic bacteria. In this condition the plates were laid in an incubator in which an ordinary room temperature was maintained. From time to time a little was scraped off from the surface of the plates in order to examine them as to the amount of live bacteria present. The result was that upon oil-paint coatings the bacteria were found to die off quicker than on articles coated with other pigments. On enamel paint the bacteria died more slowly, and still slower on lime and size paint. This behavior is probably not due to the chemical properties of the paints, but to their different physical properties, especially to the fact that the liquids containing bacteria dry more slowly or quickly upon the various paints. In consequence of the results of these experiments it is recommended that oil paint only be used in hospitals, schools, barracks and other buildings where many persons are housed.

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BOLOGNINI'S SIGN OF MEASLES.—A. Koppen (Medicine) has studied anew the relation of this sign to the development of measles. It was claimed by Bolognini that it was almost pathognomonic, and that he had found it in all but two out of 200 cases of the disorder. It appeared early in the disease, before the rash, and gradually disappeared as the exanthema developed. The sign is obtained by placing a hand upon each side of the abdomen, which is relaxed as much as possible, and pressing toward each other with a slight to and fro movement. With this maneuver a slight friction is felt, as though two roughened surfaces were moved upon each other. Koppen found this sign present in 154 out of 343 examinations. He believes that Bolognini's explanation of the phenomenon is incorrect; he attributes it to fluids in the intestinal tube. In almost every case in which the sign was noted there was present more or less watery diarrhea. The same phenomenon was also noted in cases of diarrhea in which measles did not develop. Koppen thinks that it is a sign of measles, but that this disorder is usually accompanied by a diarrhea of this character in its early stages. The intestinal disturbance precedes the breaking out of the erruption and only accompanies it for a short time.

* * *

ACUTE OBSTRUCTION IN PYONEPHROSIS.—Estrabaut (British Medical Journal) reports the case of a man, aged fifty-three, admitted into hospital with vomiting, tympanites and severe pain. Neither motions nor flatus had passed for three days. The pulse was 100, temperature 104°. A fortnight before admission he had felt violent pain in the right loin, followed a few days later by rigors. There was no resistance in the right iliac fossa, but there was dullness and swelling in the loin, whence pus escaped on puncture. Next day a lumbar incision was made and nearly two pints of pus escaped from a large cavity in the right kidney. Several other pouches were found in that gland. The temperature fell, but intense dyspnea followed and proved fatal. All the glandular tissue of the kidney had disappeared; the ureter was greatly dilated above a stricture in its canal. In the left loin was a large, white kidney. Yet until a fortnight before operation no renal symptoms had been detected. The acute obstruction was solely due to reflex paralysis of the intestine.

* * *

THE TREATMENT OF EXOPHTHALMIC GOITER.—Paulesco, in collaboration with Raynier, has made certain studies in regard to the pathogenesis of exophthalmic goiter. He states in the Therapeutic Gazette that the principal trouble in this affection is the vasodilatation which affects the blood-vessels of the neck and head. As the result of this distention we have tremor, the goitrous swelling and active congestion of the thyroid body, which produces in its turn a hypersecretion of the gland and which has a distinct physiological action. Paulesco claims that he has employed the sulphate of quinine with remarkable results, arising from its influence in producing vasoconstriction of the vessels of the head and neck. He gives fifteen grains of it at night after supper and again a quarter of an hour later. He states that this treatment decreases the tachycardia, diminishes the exophthalmus and the size of the goitrous swelling.

* * *

THE "KISSING BUG."—Although paper reports seem to show that the "kissing bug" usually attacks the lips, still other parts may be affected, as Dr. F. A. Burrall points out in the Medical Record. His case was a man who was bitten on the forearm while driving. There was much pain, swelling and redness. His treatment consisted in painting the inflamed area with the tincture of iodine and directing the patient to take a one-tenth-grain tablet of the sulphide of calcium every two hours. He was also directed to apply carbolic-acid ointment upon the parts and cover this with a linen cloth. This treatment was followed by rapid improvement. The next day the eruption had retreated to within two inches of the wrist, and now the fingers move freely and painlessly and the eruption has almost entirely disappeared. The patient called but once at the office and the tincture of iodine was applied only once.

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BALTIMORE, SEPTEMBER 16, 1899.

Complete Vagina-Cast.

THE extrusion from a patient of the whole vagina as a perfect cylinder, containing mucous and muscular walls entire, is an occurrence likely to impress itself upon the memory of the physician and to excite considerable interest as to its causation. The immediate agency is plain enough—a suppurative process in the perivaginal connective tissue which has loosened the attachments of the vagina at every point of its periphery.

This is analogous, not to the desquamation of the skin by which epithelial casts of hands, etc., are formed, but to the suppurative process by which a portion (often many inches in its diameters) of severely scalded skin has its moorings loosened and is cast off. In neither case is there deep suppuration of the subjacent tissues, which quickly heal, when the skin is gotten rid of, into a superficial layer of scar. Considerable collections of pus (abscesses) form only when the offending skin or mucous membrane are tightly tied down over the pus.

The expulsion of the whole vagina in this way has been observed a number of times toward the close of grave fevers, as enteric fever and pneumonia, and has been ascribed to "dissecting abscess of the perivaginal tissue."

This view Dr. Busse, in *Archiv für Gynakologie*, Band 56, Heft 3, combats after a review of the recorded cases and a consideration of a case occurring in his own practice. Here, after tamponing the vagina with iodoform gauze soaked in liquor ferri sesquichlor. (for a ferocious bleeding which followed the severance with the fingers of a loosely-united vaginal atresia), the whole vagina became leathery, with underlying suppurative inflammation, which separated it from its bed, except at a few points where shreds were cut through by Dr. Busse, who showed the cylinder to his society.

He doubts whether the suppurative process should be referred to the death of the layer of cellular tissue reached by the iron solution or to the stoppage of circulation to and death of the vagina consequent to the thrombosis which iron produces.

The result is, of course, more or less complete atresia of the whole vagina. The lesson is that iron should be used cautiously, and, second, that vaginal inflammations or catarrhs (secondary infections) should receive more attention in extremely debilitating fevers.

* * *

Record Your Prescriptions.

FEW physicians ever think of making a record of their prescriptions, and when a patient returns to ask for more medicine like that obtained some time ago there is no record, and hence the physician must either be honest, confess ignorance and guess what he gave before, or else by careful questioning he comes as near to it as possible. It is very satisfactory to be able to turn back and see what has been given even in years past, and no physician, even with the largest practice, should be too busy to use a prescription book with a carbon copying paper to permanently hold on record what he too easily forgets.

Those that dispense their own medicines can easily make some note in the case-book, and yet these prescriptions are not usually so easily forgotten, for the patient is obliged to come back at shorter intervals to the physician for more medicine, not knowing what it is. A further advantage in recording prescriptions is not only to show the change which even a conservative man may go through in course of time, but in writing up any case or a given disease it is very satisfactory to be able to give the definite treatment which too many omit. Prescription-writing is said to be a lost art, giving way to hygiene, but whatever is prescribed should be remembered.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 9, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	3
Phthisis Pulmonalis	7	10
Measles	1	..
Whooping Cough	6	..
Pseudo-Membranous Croup and Diphtheria.	33	4
Mumps	1	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	..	..
Typhoid Fever	*24	5
La Grippe	..	..

*2 cases imported.

Dr. John W. Lacey of Lisbon is dead.

The plague still continues in Portugal.

Anthrax has appeared in some cows near Philadelphia.

Yellow fever is reported to be on the increase at Key West.

There is one case of smallpox in Charles county, Maryland.

Illinois is to have a State sanatorium for the treatment of consumption.

Emanuel Hospital and Dispensary is the name of a new hospital in New York.

So-called "Christian Science" still continues to increase the mortality in this free country.

Overcrowding in the Pennsylvania State Insane Hospital has caused an outbreak of dysentery there.

Some man has sued the Pullman Company for consumption, said to have been contracted in a sleeping car.

McGill University, at Toronto, is to have a new building for hygiene, pharmacology and medical jurisprudence.

The *Occidental Medical Times* has been consolidated with the *Pacific Record of Medicine and Surgery*, with the former title.

Dr. J. C. Clark of the Springfield Asylum announces that he has plenty of room for patients from other insane asylums in Maryland.

The *Lancet* and *British Medical Journal* have issued their educational numbers, which are full of information for the student of medicine.

The health authorities of Baltimore and Maryland are firmly convinced that smallpox will make its appearance again this coming winter.

Sir Michael Foster will deliver the Lane Medical Lectures this coming winter before the College of Physicians and Surgeons in San Francisco.

At the International Conference for the Prophylaxis of Syphilis and Venereal Diseases the subject of the methods of controlling prostitution will also be considered.

The International Congress of Medicine will be held, along with many other congresses, at Paris during the exposition in August. It is hardly expected that the Dreyfus decision will affect this congress.

Two pieces of interesting news have a close connection. One is that Surgeon-Major Ross telegraphs from Sierra Leone that he has discovered the guilty malarial mosquito. The other piece of news is that more than 125,000,000 grains of quinine were taken by the United States soldiers during last year.

Maryland and Nevada are the only States in the Union which have no pharmacy laws. At the last meeting of the Maryland Association the committee of adulterations reported that of ten specimens of powdered drugs it had examined, five were found adulterated. A law is on the statute-books of Maryland, but it is operative only in the city of Baltimore. Any person may go to Maryland outside of the city of Baltimore and engage in pharmacy without fear of interference from the law.

Dr. J. Royston Green of the class of 1899, University of Maryland, has been formally appointed resident physician at the Hospital for Consumptives. This hospital, which is also called Eudowood Sanitarium, is one mile southeast of Towson, and is open all the year for the care of acute and incipient cases of pulmonary consumption. Only white cases are taken. Besides the resident physician, there is a competent corps of nurses. The grounds are large and shady, and the surroundings are most healthful. The telephone number is 221, Tuxedo. Physicians are always welcome, and will be met at the cars if they will notify the hospital.

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Washington Notes.

The deaths in the District last week numbered 103, an annual rate of 18.64 per thousand. There were seven fatal cases of typhoid, three of diphtheria, three of malaria and one of croup. There are ninety-eight cases of diphtheria and twenty-nine cases of scarlet fever in isolation.

The annual report of the Children's Hospital has been submitted, showing an expenditure of $50,797.10 for the year ending June 30. The total number of children and babies admitted during the year was 521. Three hundred and nine surgical operations were performed and 7390 prescriptions compounded. There were forty deaths during the year; eighteen were due to tuberculosis.

The editor of *Omega* has decided in his last issue that he does not want State protection to the practice of medicine. In the same editorial he expands on the merits of the quack and uneducated doctor as being essential to the health of the community. It reads as though he was trying to defend or excuse himself and the crowd of tail-enders who cannot comprehend scientific medicine. To prove that a State law does not benefit the people he says: "The death rate in the District of Columbia is 25 per cent. greater than in any State or Territory in the Union, and the death rate from 1866 to 1880 was 13.38 per thousand. In Oregon, where they have no law, on the Pacific ocean, with like climate and like conditions, it is 10.67." It would be well for this health promoter to acquaint himself with the climate and conditions of the State of Oregon and the District of Columbia. He might find some difference. Only since 1875 and 1876 have vital statistics been made in the District; then how does the professor get his rate from 1866 to 1880. Then, again, the District has been protected from quacks coming in since June 3, 1896, and it will take twenty-five years for those that are in to die off. So as yet the law has not greatly influenced the mortality, but some, however, from June to June, 1896 and 1897, the first year of the law, the death rate was 20.71 per thousand; the second year, 1897 to 1898, it fell to 19.32 per thousand, and at no other period has the death rate fallen so low. This is not a bad showing for a law two years old.

Book Reviews.

A Compend of Obstetrics. Especially Adapted to the Use of Medical Students and Physicians. By Henry G. Landis, A.M., M.D. Revised and edited by William H. Wells, M.D., Adjunct Professor of Obstetrics and the Diseases of Infancy in the Philadelphia Polyclinic, etc. Sixth edition, illustrated. Quiz Compends No. 5. Philadelphia: P. Blakiston's Son & Co. 1898.

In this edition few changes have been made. The parts especially treated of are the diagnosis of the various positions and presentations by external methods, the mechanism of labor, the differential diagnosis between pregnancy and other forms of abdominal tumors and the obstetrical operations. To the subject of puerperal septicemia is given much space.

Zur Kenntniss der Colibaccillen des Sauglingsstuhles. By Henry Lee Smith, M.D. Baltimore: Reprint from the Centralblatt für Bakteriologie, Parasitenkunde und Infektious-Krankherten.

In this excellent monograph Dr. Smith quotes Escherich's work that the bacillus coli communis is a group of similar organisms and not a distinct kind. Smith then made careful examinations with several preparations and cultures both from healthy and diseased infants. While his conclusions are not complete, they are a valuable addition to the literature of the coli group.

The Journal of Tuberculosis. A Qarterly Magazine Devoted to the Prevention and Cure of Tuberculosis. Karl von Ruck, B.S., M.D., editor.

This is a special journal published by von Ruck in connection with his sanatorium at Asheville, N. C. Such a journal, well managed, should have an extensive circulation.

Bulletin of the Cleveland General Hospital. Issued quarterly. Charles J. Aldrich, M.D., editor.

This is a most attractive and valuable publication and is a credit to the physicians and to the hospital.

The Jeffersonian. Philadelphia. 1899.

This is a publication of the Jefferson Medical College issued during the college year.

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Original Articles.

THE IMPORTANCE OF A DIAGNOSIS OF UTERINE CANCER IN EARLY STAGES.

By Thomas A. Ashby, M.D.,

Professor of Diseases of Women, University of Maryland.

THE importance of an early disagnosis of uterine cancer cannot be exaggerated, when the frequency of this disease and its fatal tendencies are considered.

Whilst the disease is easily recognized in its later stages, much difficulty is often experienced in arriving at a correct diagnosis in its early history.

With a view of expediting a prompt recognition of uterine cancer in its different forms, I wish to call attention to certain landmarks which should arouse suspicion and lead to a prompt and thorough investigation.

Cancer of the uterus is local in its origin, and has a beginning in small and simple conditions. When recognized at this stage it is possible to eradicate the disease and completely arrest its progress.

The early stage is the important stage for diagnosis and treatment, and unfortunately this stage is too often overlooked or disregarded by the patient and often by her attending physician. Too little attention is given to the very trifling symptoms observed at this stage by the patient, and when attention is called to these symptoms the physician is often too dilatory in making a correct diagnosis.

The reasons for this neglect are very apparent. The patient herself is disposed to regard her symptoms as unimportant, and often conceals them from her best friends. She is indisposed to seek medical advice, and the services of a physician are seldom sought until the symptoms assume an alarming character.

When advice is taken the physician often fails to make a thorough investigation, and much valuable time is lost. He is often disposed to regard the local condition as an innocent affection, and in this way overlooks a slowly-developing malignant action, which assumes alarming proportions before a correct opinion has been reached.

An error of diagnosis grows out of the fact that pronounced physical signs of malignancy are not always present to indicate a serious condition. The uterus has not enlarged, and signs of degenerative changes are not apparent to the touch or sight.

Symptoms are usually referred to other conditions, and the patient is treated symptomatically rather than rationally. At this early stage it is of vital importance to interpret symptoms correctly. In the beginning of the process the borderland between malignancy and non-malignancy is not well marked, and an opinion must be held *sub judice* until the progress of the disease throws additional light upon the condition.

At this stage frequent and careful investigations are necessary. The patient should be advised of the doubt, and should be urged to submit to frequent examinations. An expectant plan of treatment is advisable when doubt exists, but the treatment indicated will in itself throw important light upon the character of the disease.

It should be borne in mind that any condition of the uterus which does not materially improve under judicious local

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or surgical treatment is in itself a suspicious sign of malignancy. Catarrhal conditions of the uterus are improved by local treatment in the vast majority of cases; hence we may eliminate the inflammatory affections if improvement does not follow judicious treatment of most affections.

Lacerations of the cervix, areolar hyperplasia of both cervix and body and fibroid growth present such well-marked physical signs that they should not be mistaken for a malignant growth; yet it is in this class of cases that careful watching and waiting are so necessary to a correct diagnosis.

Retained products of conception may be confused with malignant degeneration in its early stages, but in this class of cases both the microscope and the curette give valuable testimony. Such products when removed by the curette will show the character of the tissues removed, whilst the treatment employed may throw additional light upon the condition.

The clinical history of this class of cases is of great importance in showing the etiology of the disease, but it must be borne in mind that the way to an abortion is often paved by degenerative changes going on in the uterus; hence absolute reliance cannot always be placed upon such testimony. As a rule, to which there are few exceptions, a good curetting of the uterine cavity in the child-bearing woman is a cure for endometrial conditions. When symptoms respond to this method of treatment it is usually safe to assume that malignant degeneration is not going on. A return of hemorrhage or of foul discharge after the use of the curette indicates that either the curetting has not been thorough or that degenerative changes are going on. The scrapings should be examined microscopically after a curetting to determine the real condition of the endometrium. Under normal conditions the removal of intrauterine growths and vegetations is seldom followed by a return of such growths. This does not apply to degenerative changes of a malignant character. A return is the law to which there are so few exceptions that we may regard this feature as a landmark of malignancy.

A second landmark of malignancy is found in the condition of the cervix. Lacerations are very common in the child-bearing woman. Unless corrected they persist throughout life, and often become local points for malignant action. Degeneration in such cases begins in the site of the tear and spreads to the cavity of the uterus by extension. Carcinoma especially, begins as a corroding ulcer in the cervix with local destruction of tissues and induration around the base and borders of the ulcer, followed with a foul discharge and hemorrhage. Local treatment does not improve the character of the ulceration. I may add here that ulceration does not occur in a lacerated cervix in the absence of a malignant action. Erosion of the cervix, so often associated with laceration, is not an ulcerative process. There is no destruction of tissue. Epithelioma in its early stages may resemble a laceration with an extensive erosion, but warty excrescences soon make their appearance, and a papilloma of the cauliflower variety springs from the lips of the cervix. In the early stages of this process we often find the first physical signs of malignancy, and it is then possible by prompt action to remove the malignant tissues.

Up to the menopause the early diagnosis of cancer of the uterus is often obscured by conditions of the uterus incidental to the child-bearing period. Frequent and careful investigations are of great importance in this class of women if we desire to make out the etiology of the symptoms now witnessed.

Of these symptoms hemorrhage, both at and between the periods, is the most pronounced in early as well as in late stages. The origin of the hemorrhage should be promptly traced to its true cause. Pain is not a reliable symptom, as it is often absent in early stages of uterine cancer. Foul discharges, unless due to retained products of abortion or to sloughing intrauterine tumors, is not present in early stages. The cancer cachexia is only observed in the last stages of the disease.

Of all symptoms hemorrhage is the

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most suspicious and the only one to call attention to cancer in early stages; hence the great importance of a careful investigation into the causation of uterine hemorrage in the child-bearing woman.

In the sterile woman hemorrhage is again the first indication of uterine cancer. In this class of cases the influence of child-bearing can be eliminated. Intrauterine growths of a non-malignant character must be differentiated from a malignant action. The curette is a valuable aid to diagnosis in this class of cases.

The return of hemorrhage after the menopause is in itself a suspicious sign of malignancy. In women who have ceased to menstruate, or whose menstrual period continues after the usual age for the subsidence of the menstrual function, local conditions in the uterus itself will almost invariably be found to account for the origin of the hemorrhage. It may be asserted that hemorrhage is not physiological, but pathological in its origin, and a prompt investigation should be made in this class of cases to determine the cause of this symptom. Valuable time is often lost in the treatment of uterine cancer in women who have menstruated beyond the normal period by an overconfidence in the belief that the change of life is responsible for such hemorrhages. They regard their symptoms as an incident to a condition of life and not as a result of degenerative disease. In this delusion they have the support oftentimes of what may be considered by them as reliable authority—their medical advisers. I have seen more than one case of uterine hemorrhage treated by experienced general practitioners as due to the menopause, when a casual examination was only needed to show an extensive malignant disease of the uterus. Years of valuable time were thus lost, and palliative treatment was only possible in this class of cases.

Menstruation should cease smoothly and quietly at the menopause under normal conditions of function. The storms which occur at this period are dependent upon local or constitutional conditions, which demand investigation and rational treatment.

If this principle applies to the woman who is flooding with her changes, what shall we say of the woman who floods long after her menstruation has ceased? In this latter class the function of menstruation cannot be held responsible by any law of physiology for a recurrence of hemorrhage. The origin must be sought in pathological, not physiological influences. Of these influences but few can be regarded as the result of non-malignant growth, for it is well known that innocent tumors continue after the menopause and seldom persist as disturbing conditions.

Where innocent conditions leave off, malignant conditions may spring into activity with the degeneration which marks the advance of age. Symptoms must now be referred to their true causes, otherwise time is lost and delay becomes hazardous.

Hemorrhage is the earliest of all symptoms of uterine cancer in this class of women. I have never seen it absent. The clinical histories of these women show shorter or larger periods of uterine hemorrhage, either mild or excessive, but always a show. When hemorrhage is not present, excessive mucus, sanious and foul-smelling discharges are observed. These discharges may persist for months or years without arousing attention or suspicion.

Several years ago I was called to see the wife of a physician, seventy-three years of age, who for some years back had suffered from an offensive vaginal discharge and uterine hemorrhage. No attention apparently had been given to the condition by her husband beyond the casual and indifferent use of vaginal douches. I found upon examination the entire uterus and vagina a mass of malignant tissue. No radical treatment could be employed in her case.

This case is only one of many similar cases of uterine cancer which have come under my observation where years of neglect had led to a hopeless condition.

In an experience with over two hundred cases of uterine cancer I have seen less than ten that admitted of a radical operation for the condition. It is a most unfortunate circumstance that an earlier

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diagnosis cannot be reached in this class of cases, for many of these women could be saved by prompt and radical operative measures.

Malignant diseases of the uterus may be divided into two great classes:

1. Carcinoma.
2. Sarcoma.

Carcinoma is found in both the cervix and body of the uterus, but more frequently in the cervix. It is the most common form of malignant disease of the uterus.

Carcinoma of the cervix is divided into two groups:

(a) Epithelioma.

(b) Adeno-carcinoma.

Epithelioma arises from squamous epithelium of the vaginal portion of the cervix. It is always visible to the eye. It is rarely found in the body of uterus.

Adeno-carcinoma of the cervix has its origin in the cervical glands. When located in the lower part of the cervix it cannot be distinguished from an epithelioma, except by the aid of the microscope.

When located in the upper part of the cervix the os externum may look perfectly normal, and the disease may then be far advanced. Carcinoma of the body of the uterus may arise from the surface epithelium or from the glands. It may be limited to the walls of the uterus or may invade the entire uterine cavity. It gradually breaks down, and, at the same time, slowly penetrates the uterine walls.

Sarcoma of the uterus is very rare in comparison with carcinoma. It is usually found in the fundus and body of the uterus. In its early development it may be readily mistaken for a myomatous growth. It is only when the cavity of the uterus is involved that its suspicious nature is fully revealed.

Physical signs cannot be relied on in early stages; hence it is important to make microscopical examinations of curettings or of sections excised from the uterus.

CONCLUSIONS.

1. Cancer of the uterus is a very insidious disease, and may reach an advanced stage before its symptoms are alarming.

2. Its early symptoms simulate those of simple functional disturbances in the menstruating woman. Hemorrhage and foul discharge are always suspicious symptoms.

3. Hemorrhage during or subsequent to the climacteric period should be promptly investigated.

4. All forms of uterine disease not responding to judicious local treatment should arouse suspicion and lead to a microscopical examination of uterine scrapings.

5. Lesions about the cervix should be corrected. When not corrected they should be examined at short intervals.

6. When in doubt as to the cause of any uterine disease, investigate for cancer.

HOW DO FADDISTS AND PHYSICIANS CURE DISEASES?

By A. D. McConachie, M.D.,

Assistant Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital; Ophthalmologist to Bay View Hospital, Baltimore, Md.

READ BEFORE THE VIRGINIA STATE DENTAL ASSOCIATION AT OLD POINT COMFORT, JUNE 8, 1899.

WHEN honored by my friend, your president, to address you I was puzzled to know what might prove of greatest interest and benefit to you. All knowledge is good. It is impossible to say that any fragment of knowledge, however insignificant or remote from one's ordinary pursuits, may not some day be turned to account; yet it is to be recollected that in order to know a little well one must be content to be ignorant of a great deal, and that there is only one way of really ennobling any calling, and that is to make those who pursue it real masters of their craft—men who can truly do that which they profess to be able to do and which they are credited with being able to do by the public.

The subject to which I have to beg your attention does not immediately concern your several handicrafts, but is of a general character, and covers certain as-

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pects of your physical well-being, upon which depends your mental, muscular and even moral power. Whilst much of what I may say belongs to the domain of science, I beg you not to feel disinterested, for science is nothing but *trained* and *organized common sense*, differing from the latter only as a veteran may differ from a raw recruit.

"Know thyself," "The proper study of mankind is man," are axioms too frequently disobeyed. Too little heed is placed upon their significance, too little attention given to their study. It, to many, apparently is a subject worthy of but passing notice and its study only worthy of another than the one most interested. Every human being who has arrived at the age of comprehension should have a knowledge of the fundamental anatomical and physiological facts of his being. Every parent should consider as the most necessary of all branches of instruction for themselves and for their children that which professes to acquaint them with the conditions of the existence they prize so highly, which teaches them how to avoid disease and to cherish health in themselves and those who are dear to them. To understand the nature of disease we must understand health, and the understanding of the healthy body means the having a knowledge of its structure and of the way in which its manifold actions are performed, which is what is technically termed human anatomy and human physiology. I would not have you all skilled anatomists and physiologists, but a certain familiar acquaintance with the teachings of each is essential to avoid the many errors which favor disease and bring about physical and mental suffering.

I am addressing an audience of educated persons, and yet I dare venture to assert that, with the exception of those of my hearers who may chance to have received some medical education, there is not one who could tell me what is the meaning and use of an act which he performs a score of times every minute and whose suspension would involve his immediate death—I mean the act of breathing. Or who could state in precise terms why it is that a confined atmosphere is injurious to health? Why is it that educated men can be found to maintain that a slaughter-house in the midst of a great city is rather a good thing than otherwise? Why is it that mothers persist in exposing the largest possible amount of surface of their children, by the absurd style of dress they adopt, and then marvel at the peculiar dispensation of Providence which removes their infants and grown daughters by bronchitis or other fever? Why is it that charlatans and quacks ride rampant over the land? Why is it that our largest public halls can be filled by an audience gravely and attentively listening to the reverend expositor of the doctrine that the simple physiological phenomena known as spirit-rapping, table-turning and other absurd names are due to the direct and personal agency of Satan.

Why is all this, except from the utter ignorance as to the simplest laws of their own animal life, which prevails among even the most highly educated persons in this country? The education of a physician should be but a broader, more comprehensive education along lines pertaining to the human being than is possessed by a layman. His education should enable him to prevent disease by his knowledge of hygiene, to divine its nature and to cure or alleviate it by his knowledge of practical medicine. That is his business in life, and if he has not a thorough and practical knowledge of the conditions of health, of the causes which tend to disease, of the meaning of symptoms, and of the use of medicines and operative appliances, he is incompetent.

Suffering humanity is appealed to through the secular, religious and medical press by many and varied agencies for its relief. The history of medicine has furnished many and diverse methods of treatment, and the present day has brought many strange practices to light. Like the many phases through which the religious sentiment has passed, so has medicine—each phase having a fundamental verity of truth therein. The modern vagaries have for their basis a religious idea. An effort is made to substitute the Word of God for the efforts of

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man, to teach that the agency of man is entirely unnecessary and even presumptuous. The Bible is their text-book on modern medicine. Let us examine the methods of these modern healers—Christian Scientists, spiritualists, shriners, faith-curists, etc.—and then review the subject from the physician's standpoint.

The superstitious or religious element can be removed by the fact that the Bible nowhere teaches that men must rely on the supernatural and leave out of consideration the natural, nor does it anywhere state that natural and temporal means are of no avail. The ability the human body has of combating disease and of restoring itself to a condition of health is common knowledge. This is, I believe, correctly interpreted to mean that the Creator has so constituted the human body as to render it able to throw off certain indispositions without assistance other than His beneficent hygiene—fresh air, sunlight and proper dietary. It is this subtle and peculiar power of regeneration—the *vis medicatrix naturae*—that to the logical and well-informed mind is the foundation stone upon which all "Christian Science," "Divine healing," etc., rests.

Another element that enters into these fads is that of "faith." Every physician knows the utility and necessity of faith and its importance in the battle with disease. Faith in God is a fundamental and commendable part of every man's make-up. Faith in man is also very necessary and essential. Every physician tries to gain the confidence or faith of his patient, and knows its value to the patient. How common the statement from the sick—"Doctor, it makes me feel better just to see you. Come often." Many a patient is relieved by the physician's presence and conversation more than by the remedies prescribed, and often no medicine is necessary. This is the effect of "faith."

Again, the element of mental diversion, by having the patient fix his or her mind on some other subject than the disease. Many physicians are known to accomplish seemingly wonderful cures (?) by having patients promise and refrain from discussing their ills with anyone for definite periods, and by successive abstensions the mind becomes so diverted from the constant dwelling on the subject that the ills gradually sink into insignificance. Every physician can testify to the efficacy of mental diversion in a certain class of disorders. The result is brought about largely by the personal influence of the physician and the omission of drugs. Every physician recognizes its power, call it what you may. These fads are not new. Homeopathy—I mean the old-fashioned article—when duly scrutinized, rested on the three elements described—the *vis medicatrix naturae*, faith and hope. The faith, however, was not of a religious character. Physicians go farther than the "faddists." We truthfully can say that many sick people will get well without prayers and without drugs. Disease in many instances is self-limited, and this is more thoroughly understood by physicians than by Christian Scientists. The death-rate in patients treated (?) by Christian Scientists, etc., will be just the same as the death-rate among those receiving absolutely no medical treatment—and higher, because they may become so much absorbed in prayers as to neglect to obtain good nursing, proper diet and observe the laws of hygiene and sanitary science.

We may, therefore, admit that the principles which underlie these "fads" are good and have a real foundation in fact and experience. Physicians have for centuries used these same aids in the treatment of disease. The faddists have nothing new in their scheme, except the mysticism and unwarranted perversion of the Scripture. Their claims for a certain percentage of recoveries is admitted, but they are misleading themselves and others as to the source from which recovery comes. It is very pleasant and comforting to think of a Supreme Being interesting Himself in each and every care of illness, but there is no evidence to prove that these people are especially anointed of the Lord, so that they recover their health in any larger proportion than do the very outcast and scum of creation: in truth, we may safely say that the more worthless—apparently—an individual the

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more likely he is to regain health and strength.

Thus it will be noted that the great difference between faddists and physicians lies in the fact that physicians do not attribute any supernatural agency in accounting for the phenomena of recovery from disease, and do not attribute to a Divine agency what we know to be the result of purely natural forces. We substitute the *vis medicatrix naturae* for Divine intervention, but admit the efficacy of faith, hope and mental diversion. We then believe in the same things, but call them by different names. Faddists are perfectly content with their meager views of the possibilities of the medical science. Happy in their ignorance, they complacently hug their little bit of knowledge to their breasts, and fondly delude themselves into the belief that there is nothing beyond. Physicians take these same ideas as a starting point from which to project long lines of patient, painstaking research. In their researches for the cure or alleviation of disease they include among the fundamentals necessary in combating disease, or of preventing disease, a masterly knowledge of hygiene, dietetics, sanitary laws, etc., founded upon the intelligent knowledge of the body in health—physiology. The physician's function is to help nature and to prevent the occurrence of damaging influences. His treatment is really preventive, not absolutely curative. His labors can be facilitated by a wider and broader culture of the public in the matter of hygiene, dietetics, sanitation and practical domestic medicine. Our public schools are woefully deficient in such instruction. The employment of physicians as teachers and lecturers in the public schools on subjects of hygiene, physiology and practical domestic medicine would be the means of saving thousands of human lives, sacrificed by preventable diseases.

Through the researches of the physician, surgery, with its many possibilities, has saved thousands of lives, which would surely have been lost were he to rely on a policy of waiting, watching, praying, hoping and having faith. Deformities are removed, blind eyes made to see, children choking to death, because of a membrane in the throat, are restored to parents through the knowledge brought about by scientific experimentation and careful observation. A mother, whose life is jeopardized by the wrong position of her unborn babe, is saved from a cruel death by the application of medical knowledge.

How has all this been accomplished? Entirely through honest investigation as to the cause of diseased conditions and the investigation of the most salutary influences to health—hygienic and sanitary measures—embracing the various phases —water, air, food, diet, habitation, sanitation, exercise, etc., and their importance according to the age, sex, temperament, etc. It is not only our duty to *medicate* the people, but to *educate* them how to take care of themselves, how to live and prevent the disease which might become epidemic and devastate whole communities. The ideal physician must not only be a hard worker, genius, philosopher and tower for goodness, but he must be also an unselfish teacher, with all the justice known to humanity. The causes of disease are numberless, but for convenience may be divided into the following classes: Those due to parasites, like itch, malaria, tuberculosis, etc.; those due to chemical poisons, as lead colic, alcoholism, etc.; those due to some mechanical obstruction, as hernia, liver colic, etc., and, lastly, those due to some defect in development, as cleft palate, etc. Physicians cannot institute a rational means of cure, or institute a proper line of treatment, until they have a clear conception of what they have to treat and know its cause. All that we have power to do is to remove the causes. Without the removal of the cause or causes of disease a cure is absolutely impossible. We can only remove obstructions and overcome the causes that hinder activities. All causes that interfere with a healthy body must be removed or no cure is possible. Many causes may operate simultaneously, damaging the body, and then all of these causes must be removed before nature can assert herself by a cure; or, again, different causes may succeed each other. We must know and remove the immediate acting cause or causes

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committing the ravages. Each and every barrier to the proper development and activity of the body must be discovered and a way found for its removal, otherwise we cannot cure our patients. Where we do not know the cause we cannot surely always remove it. In some instances we must grope in the dark until the cause has been discovered. In these cases we usually leave the matter to nature, and then credit ourselves with doing the work. To have a specific remedy for disease we must know the cause. When quinine fails in malaria the failure is due to causes not present in the cases it cures.

To cure a patient never means to so repair the damage of the injury or disease—nature can alone do that. The physician can but prevent the continuance of the cause of the damage. Prevention is the quintessence of cure. When we give antitoxin in diphtheria we neutralize the poison of diphtheria and prevent the harm that the latter would otherwise do. In giving a purgative we force poisonous substances out of the bowels that would otherwise be absorbed into the blood and poison the system, and we thus prevent the headaches and so-called bilious symptoms that would have occurred. When we cannot go to the bottom of the disease we are able to prevent some of its most dangerous symptoms, and thus, one by one, destroy the enemies of the patient. We can, for instance, check sleeplessness by opiates and thus prevent the evil consequences of its continuance. Thus the farther we are able to carry our prevention of bad symptoms of a disease the more likely we are able to save our patients. Many laymen believe physicians have a something —a talisman—that enables them to go into the presence of disease with impunity. They have nothing but the law of prevention, founded upon the knowledge of causation, and thus avoid causes by observing strictly hygienic and sanitary laws as embodied in the various phases of water, air, food, diet, sanitation, exercise, etc.

The method of sanitation is the method of true treatment. Treatment is, in a word, "prevent." Many symptoms of disease are beneficial to the patient. They are nature's effort of preventing or casting off its continuance. Fever, diarrhea, thirst, loss of appetite, are in many cases beneficial, and only detrimental when too prolonged. The one law of cure is to prevent. Now we have learned the secrets of the faddist's and physician's art, and since it is embodied in prevention, let us examine the best method of its attainment by the public.

In the light of this it seems to me, then, that the teachings of practical hygiene should not be restricted to the students of medicine only, but that this branch should receive full consideration in our public schools throughout the land. Our schools' main object is to prepare the pupils—rich or poor—for the constant struggle of life and health. For this purpose nothing can be of greater help and usefulness to humanity than the teachings and general knowledge of practical hygiene—*i. e.*, causes of disease, their method of ingress and the available means for their prevention.

The people, in their mad rush, push and whirl of life, in their schemes, ambitions and exercises in gaity and folly, and opportunities to tax and overstrain their faculties, lose sight of the available means of prevention, and too seldom stop long enough in their mad rush to count the cost of their restless energy or invoke the resources of medicine until the symptoms of a disease are fully developed and the disease itself, if contagious, is directly upon us. The best place and best way to remedy this is to reach the masses of the people through our free public schools. The good results to accrue to our nation through a general knowledge of practical hygiene and physiology in relation to disease production cannot be overestimated. If you teach the pupils how to prevent disease by presenting them, in a simple and popular form, general information regarding the laws of health, they will surely tell their parents, and, if interested in this beautiful and practical subject, they will be glad to hear how to shorten disease by enforcing the necessity and duty of taking bad symptoms in time and stopping the beginnings of evil by calling the physician

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and employing his help right at the start. In such a way we would diminish the evil and fatal effect of a disease, on one side, and educate the people not to dispense with a physician on the other side, in accepting advice for all medical and other cases from faddists, quacks and charlatans who feed upon the laity, or advertisements of so-called medical products, remedial agents, patent medicines, etc. The pupils and their parents would always respect the sanitary laws and learn to be cautious in the use or selection of so-called "home remedies;" they would not read and believe so-called medical pamphlets, being otherwise instructed at the public schools for their own benefit and the benefit of the entire public. I would have you know and believe that the ideal physicians of our day are not narrow or bigoted, as some suppose, but are, on the whole, more liberal and progressive than most any other class in society. I would have society and the public at large know that the physicians can do for the public, in instructing the pupils at the public schools in practical hygiene, and tell the people that educated physicians, graduates, especially those having experience in teaching, should be engaged as special teachers of such a branch of public instruction at public expense.

Physicians have been teaching in their popular essays and lectures practical hygiene, physiology, etc. They know the best what the people need, and should know, and how far the teacher should go in regard to the age, sex and grade of his pupils. The family physician does perhaps tell his patients if he has time and strength and everything necessary, and give instructions in this science to the families under his charge, but that is not enough; it is not—cannot—be systematic enough. Were public instruction of this nature given I am quite sure we would have no trouble in epidemics to receive the good will and participation of the public in fighting contagious diseases, as scarlet fever, measles, diphtheria, typhoid fever, consumption, etc., and the interest in good sanitary conditions would be more general. Tuberculosis (consumption) claims its hundred of thousands of victims every year in this and other countries. We know that it is contagious, hereditary, and due to a germ, and that the dry expectoration of each patient is dangerous to others. This dreadful disease in itself is pointing out the necessity of education of the masses of the people in hygiene and prevention of this and other diseases. I trust every one of you will lend a helping hand to popularize the science of preventive medicine through the most convenient channels—through our children—the future of nations. Finally, I would ask your hearty co-operation in the methods of prevention or cure of medical science, which, in preserving and prolonging life, is adding more largely to the wealth and happiness of the world than any other factor. Its demands for sanitary improvements have added health and comfort at home and abroad. Its mechanic ingenuity, coupled with scientific training, has made the lame to walk, the blind to see, the sufferers of all kinds to turn with hope toward the modern physician.

The public, with its ever-growing ability to grasp knowledge, must be taught the truths of medicine and frankly told its limitations. An intelligent patient knows, or should know, that when he has pneumonia or typhoid fever, or, with few exceptions, almost any form of disease, that no physician in the world can cure the disease with medicine. If he gets well he cures himself. All that the physician can do is to surround him with conditions most favorable for the recovery. Let the public possess this knowledge. It will in no way belittle the physician. Nations and communities must learn to recognize great medical truths and enforce laws based on them for the welfare of their citizens.

ORCHITIS AS THE FIRST SYMPTOM OF URINARY INFECTION FOLLOWING STRICTURE.—M. Carlier (Canadian Journal of Medicine and Surgery) reported recently to the French Association of Urology two cases of old-standing blennorrhagia in which no troubles of micturition existed, or at least none such as to lead the patients to consult a physician, but in whom an attack of painful and swollen testicle, with fever, compelled them to do so.

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MEDICAL AND SURGICAL TREATMENT.

By Walter B. Platt, M.D.,
Baltimore.

PROBABLY every physician has been forcibly and unfavorably struck by the meager directions for treatment in nearly every medical and surgical work, and wondered whether the man who wrote the book had little faith in treatment of any kind (and if so, why he did not say so), or desired to keep his views on this subject to himself, or whether he did not believe that the art of medicine could in any degree be put on paper. Page after page will be devoted to the pathology, morbid anatomy and clinical features of disease, but on coming at last to the section on treatment the lack of directions as to what to do (and this is what the practitioner chiefly wants to know) and how to do it, exactly when, how often and how much of a given drug or local application is to be administered or applied, is painfully apparent.

A well-trained recent graduate who has carefully followed his hospital cases is quite well up in diagnosis and in the science of medicine generally. He thinks he can "work up treatment out of books," or at least that he is expected to do so, as so little attention is given in the schools to the art of medicine as distinct from the science. He can probably count the red corpuscles, distinguish the principal kind of pathogenic bacteria, and examine the larynx or retina in a satisfactory way, but in the majority of cases he could not treat a case of tonsillitis or bronchitis so as to give relief and satisfaction to the patient who comes to him for that very thing.

To be sure, the art of medicine or treatment could not be successfully imparted in books to one ignorant of clinical medicine, but given a careful training in this, and what underlies it, a great deal, and that the most valuable part of treatment, could be described in a well-written book so as to be of the greatest value, and would be the best substitute we have for the old-time way of instructing a student in treatment in the office of an experienced physician. The first school which pays a high salary to a first-class man who will give his whole attention to the subject of treatment will attract many students. I have yet to see a medical work devoted to treatment which was written in what I believe to be the proper way, viz., to give exact directions (as far as possible) for treatment during the different phases of a given disease, citing half a dozen or more clinical cases, to show the probable effect of treatment upon certain painful, inconvenient or dangerous symptoms.

Who is, and where is, the experienced, clear-minded and successful physician who will write such a book devoted entirely to the art of medicine or treatment?

Correspondence.

VITAL STATISTICS.

OFFICE OF THE BOARD OF HEALTH,
CITY OF BALTIMORE, MD.

September 1, 1899.

Editor of the Maryland Medical Journal:

Dear Sir—We have found by experience that many physicians are not informed as to what is required of them to report to the Health Department.

Blanks are furnished by this department for the physicians to report smallpox, cholera, yellow fever, measles, whooping cough, pseudo-membranous croup, mumps, diphtheria, scarlet fever, varioloid, typhoid fever, consumption and chicken-pox. We earnestly request you to comply with this law, for we feel sure that the valuable information and statistics that can be obtained will ultimately be of great service to you.

Houses are placarded for scarlet fever, diphtheria, smallpox, cholera and yellow fever. In the other diseases we do nothing more than to preserve a record, so that we might know the condition of the city from a health standpoint.

When you make out death certificates, and you give the cause as tuberculosis, please state what organs are involved; also, when cancer is given as the primary cause, state what organ is involved.

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We request the officials of hospitals, whenever they notify this department that they have patients suffering from some one of the preceding list of diseases, to give also the city address of patients, if residents of the city; if not residents, state from whence they came.

By giving your attention to the above request you will greatly oblige,

Yours, respectfully,

C. HAMPSON JONES, M.D.,
Commissioner of Health.

Medical Progress.

A NEW ABSORBABLE LIGATURE MATERIAL.—Sneguireff (American Journal of the Medical Sciences) reports the clinical results of his experience with a new absorbable ligature and suture. which he finds to be absorbed a little more slowly than catgut, but to be capable of absolute sterilization. The ligature is made from the ligamentum nuchae of the reindeer by dividing it in the direction of its fibers. The process of preparation is the following: Removal of fat in ether, soaking in juniper oil for fourteen days, removal of oil with ether and alcohol, soaking for two days in a one-third per cent. sublimate solution in 80 per cent. alcohol, finally two days in normal sterile salt solution; preservation in alcohol. Bacteriological examination and the clinical test of eighty-three major operations have proved the absolute sterility of this material, and that it is absorbed as soon as is desirable.

* * *

OF WHAT VALUE IS GARGLING?—It has been repeatedly emphasized, says the Medical Review, that gargling is an improper mode of treatment. Saenger gives the result of a valuable series of experiments on this question. He touched the tonsils of his patients with methylene blue and made them afterward gargle with water, which always was discharged clear and unstained, demonstrating that the fluid used for gargling does not reach the tonsils. Only in exceptional cases persons will be able to gargle in such a way that the tonsils and the pharyngeal walls are reached by the fluid, and it is therefore more rational to paint the parts instead of making the patient gargle. Perhaps it is best to touch them with cotton swabs.

* * *

A RARE COMPLICATION OF MEASLES. Von Starck (American Journal of the Medical Sciences) records a case of severe measles in a girl, aged eight years, in which on the second day of the eruption marked symptoms of spinal meningitis and irritation of the nerve-roots made their appearance. Full recovery followed in about three weeks. No other cause but the measles could be determined; the child had been previously perfectly healthy and had sustained no injury. Similar cases have been observed after scarlatina and typhoid fever, but they are extremely rare after measles. Lumbar puncture was not performed in view of the rapid and favorable course of the disease.

* * *

EXTRACT OF WHORTLEBERRY IN THE TREATMENT OF ECZEMA.—Daxenberger (American Journal of the Medical Sciences) speaks very favorably of this drug in various forms of eczema, especially in children; also in the mycotic forms in smaller ulcerations of the skin and mucous membranes, rhagades, etc. The extract, of the consistency of syrup, is applied by means of a brush after the surface has been cleansed and dried. Over this a dusting powder may be sprinkled. Drying takes place rapidly, and the pellicle adheres so tightly that other dressing is unnecessary. By this means eczema was often cured in one or two days.

* * *

ITROL IN GENITAL ULCERS.—Isaac (Zeitschr. f. Präkt. Ærzte, 1899,) (Journal of Cutaneous and Genito-Urinary Diseases) recommends the use of itrol (argentum citricum) in treatment of genital sores, especially in chancroids. It has the therapeutic effect of iodoform without having its drawbacks; not emitting any odor whatever. Its action soon changes a chancroid into a healthy-looking sore. Itrol is a very fine, dry, non-irritating powder, which is hardly soluble in water (1.3800), and being a cheap drug it can be very advantageously applied *ad usum pauperum.*

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BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, SEPTEMBER 23, 1899.

The Roentgen Rays and Consumption.

THE use of the *x*-rays in surgical cases is so common that it attracts little attention, although few physicians have applied this new diagnostic aid in examining the lungs, and yet Dr. Francis H. Williams of Boston, who for so many years has advocated the *x*-rays in lung examination, has again come out with an article in the *Medical News*, in which he shows the amount of light that is literally thrown on the subject by the rays.

In some hospitals and institutions the rays are used with physical diagnosis, more perhaps to corroborate or aid the other methods of examination, but Dr. Williams shows that the rays often reveal lesions when ausculation and percussion fail to make clear any signs.

Those who have examined the contents of the thorax in this way will remember that at first the picture is hazy and the tendency is to regard the whole thing as a curiosity, but after a little experience the shaded part of the consolidated apex may be seen, and, indeed, a shadow may be detected when the most careful percussion shows no difference between the two sides. Also the descent of the diaphragm may be noticed and from this the comparative powers of expansion of the two lungs may be seen.

Of course the sooner the disease is made out the better the chance for recovery, and hence the advantages of the *x*-rays when other means of examination are negative. The examination of the sputum is of course always necessary, but the more thoroughly a case can be examined the more exact will be the results.

In private practice it is rare to find a complete *x*-ray machine, but most hospitals and institutions have one, and a little practice will bring surprising results. Dr. Williams has examined about 300 cases and never had a burn or a single inconvenience, and he holds that with care there is not the slightest risk of danger. He prefers the fluorescent screen to the radiograph, as by the former the movements of the heart and diaphragm may be studied. Dr. Williams is an enthusiast on this subject and he has reason to be proud of his results.

* * *

The Health Commissioner.

THE constant danger to which a city like Baltimore is exposed from imported disease makes it very necessary that the health commissioner, as well as the quarantine officer, should be ever on the alert. It is very unfortunate that Baltimore, like most large cities, is so completely under the control of a political party and that fitness is too often made subservient to political power.

There is always danger that the health office will be filled by a man whose only qualification is political influence.

At the present time the health commissioner of Baltimore is a man not only with political backing, but he has shown himself industrious and willing to learn and his work has been good. It would be a pity now, just as he is becoming acquainted with the work, to take him out of office to make room for some spoilsman. Ever since this JOURNAL and the profession upheld one man who, an excellent health officer, was unfortunate in his money accounts, the profession has been very backward about recommending, and the public has been very careful about accepting such recommendation, but this ought not to affect all future appointments.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 16, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	1	16
Measles	3	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	45	7
Mumps	1	..
Scarlet Fever	9	..
Varioloid	..	..
Varicella	1	.
Typhoid Fever	28	6
La Grippe	..	..

The health of the Pope is attracting attention at Rome.

St Vincent's Hospital in Norfolk has been injured by fire.

Dr. Pearce Kintzing has moved to 1818 North Charles street.

Small-pox is said to have broken out at the Presidio at San Francisco.

Dr. Fernando Gonzalez del Valle, a prominent physician of Havana, is dead.

Several cases of diphtheria have been discovered at the Baltimore City Jail.

A cablegram states that Kitasato has discovered the organism of dysentery.

The Baltimore County Medical Association held a meeting at Towson last Thursday.

The Association of Naturalists and Medical Men has just closed its meeting at Munich.

The buildings of the College of Physicians and Surgeons at Baltimore are nearly completed.

Dr. Doyen is still being criticized for his actions in forcing his attentions on M. Labori at Rennes.

Dr. Osler has gone to Toronto to deliver on Monday the opening address at McGill University.

The various medical schools in Baltimore have begun their preliminary courses, and are matriculating students.

Dr. C. K. Harris, a prominent physician living near Williamson, W. Va., was assassinated at his home last week.

The twenty-fifth annual meeting of the Mississippi Valley Medical Association will be held at Chicago October 3 to 6, 1899.

Dr. Lewis M. Allen of the Lying-In Hospital of the University of Maryland, has been made associate professor of obstetrics in that institution.

Dr. George H. F. Nuttall, formerly of the Johns Hopkins University, is now demonstrator of bacteriology in the University of Cambridge, England.

Dr. Thomas C. Worthington, a prominent and venerable physician of Laurel, Md., died last week aged 81. He was graduated in 1840 at the University of Maryland in the same class as Dr. George W. Miltenberger.

Dr. William H. Baltzell, one of the most distinguished citizens and physicians of Frederick, Md., died last Tuesday, aged 67. He was graduated at Princeton in 1851 and later took his degree at the University of Pennsylvania.

The State Board of California is considering quarantining against pulmonary consumption, the idea being to examine every train at the State line and return every suspicious case. That State Board of Health will have its hands full.

At the Maryland Medical College Dr. Richard L. McNear has been appointed associate professor of histology, pathology and bacteriology; Dr. S. Griffith Davis associate professor of anatomy and operative surgery; Dr. J. T. Burkhalter assistant demonstrator of anatomy; and Dr. Alexander McKee demonstrator of histology and pathology.

At the June meeting of the Medical Examining Board of Virginia the results for Baltimore and Washington are as follows: Baltimore—College of Physicians and Surgeons, 4 applicants, 3 licensed, 1 rejected; University of Maryland, 6 applicants, 5 licensed, 1 rejected; Baltimore Medical College, 2 applicants, 1 licensed, 1 rejected; Baltimore University, 1 applicant rejected. From Washington—University of Georgetown, 1 applicant rejected; Howard University, 3 applicants, 1 licensed, 2 rejected; Georgetown College, 2 applicants, both licensed.

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Washington Notes.

Dr. Wm. C. Woodward, the District health officer, will read a paper at the annual convention of the League of American Municipalities, to be held at Syracuse, N. Y., September 19 to 22.

Dr. M. McWaters, of the Royal Academy Medical Corps, will represent the British Army at the eighth annual meeting of the Military Surgeons of the United States. The meeting is to be held at Kansas City September 27.

The annual meeting of the American Electro-Therapeutic Association is being held this week at Willard's Hall. Our Dr. Robert Reyburn heads the long list of essayists with a paper entitled "Power of *X*-Rays to Penetrate Through Metals."

During the past year fifty-seven cases have received treatment at the Home for Incurables. Thirteen persons were admitted, thirteen died and four were discharged, leaving forty persons in the home at the beginning of the current fiscal year. The expenditures for the year were $12,086.93.

Dr. Frank C. Boyle died suddenly last week at his residence, 519 13th street N. W. Dr. Boyle was born in Kansas City, Mo., came to Washington in 1887, graduated from the Medical School of Columbian University in 1893 and, after serving a time at the Children's Hospital, engaged in private practice.

Deaths in the District during the past week numbered 117, making an annual death rate of 21.16 per thousand. There were ten fatal cases of typhoid fever, five of diphtheria and one of scarlet fever. Of twenty deaths due to diseases of the nervous system one was from cerebro-spinal meningitis. There are ninety-three cases of diphtheria and thirty-eight cases of scarlet fever under observation.

Dr. Woodward, District health officer, in his report to the commissioners recommended an appropriation of $235,520 for use during the fiscal year 1900-1901. Among the many needs were the following requests: A laboratory with facilities for making general bacteriological examinations; a new sight and permanent structure for the pound; provisions for free vaccination of indigent portions of the community; several sanitary and food inspectors, and an increase in some of the salaries.

Book Reviews.

THE MECHANICS OF SURGERY. Comprising Detailed Descriptions, Illustrations and Lists of the Instruments, Appliances and Furniture Necessary in Modern Surgical Art. Pp. 1024. Price $4.50. Chicago, U. S. A.: Charles Truax. 1899.

This is an unusual book and a very valuable one. It is a scientific description of all instruments and appliances used in medicine and surgery, containing 2381 illustrations. While it is in a measure only an instrument catalogue and especially to advertise the wares of Truax, Green & Co., of Chicago, still, in addition to that it contains a preface, a chapter on the history, construction and care of surgical instruments, and then a detailed and careful description of each instrument. The book would have been still more valuable had the author had a supplementary list with the price of each instrument attached.

A TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS; OR, THE ACTION OF DRUGS IN HEALTH AND DISEASE. By Arthur R. Cushny, M.A., M.D. Aberd., Professor of Materia Medica and Therapeutics in the University of Michigan, etc. Illustrated with forty-seven engravings. Pp. 5 to 730. Price $3.75. Philadelphia and New York: Lea Brothers & Co. 1899.

This is a work intended for advanced students. It is especially to be recommended to students of pharmacy. Each drug and its physiological action is studied most carefully. While the subject of therapeutics is considered, it has rather a secondary place. The author has spared no pains to write a complete book and has thoroughly studied his subject from a practical and theoretical standpoint.

HAY FEVER AND ITS SUCCESSFUL TREATMENT. By W. C. Hollopeter, A.M., M.D. Second Edition. Pp. 151. Price $1. Philadelphia: P. Blakiston's Son & Co.

This little book with its ambitious title has been noticed before in these columns when the first edition appeared a year ago. His treatment is simple and he says it has been successful in the two hundred or more cases treated by him last year. It consists simply in removing obstructions in the nose and sterilizing the sensitive areas.

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Original Articles.

THE WATER SUPPLY OF BALTIMORE.

A NOTE OF WARNING ABOUT THE CONTAMINATION OF OUR WATER SUPPLY, WITH SOME SUGGESTIONS FOR ITS IMPROVEMENT.

By Charles O'Donovan, A.M., M.D.,

Clinical Professor of Diseases of Children in the Baltimore Medical College.

BALTIMOREANS, if they wished, could drink pure water, but so long as they remain apathetic they will continue to be regaled with diluted sewage containing pathogenic germs of greater or less nocuousness. The health department, very properly, removes pumps from localities where encroaching population has rendered the wells polluted, but it has not yet succeeded in doing away with the constant contamination of the general water supply in Lake Roland and Loch Raven. A patrol of both watersheds is carried on, and all known nuisances are abated as far as can be, but when heavy storms wash the accumulated filth from the gutters and cesspools of the towns within the area of drainage, of what avail is a patrol, or the knowledge of the existence of such sources of contamination?

Our water comes from two sources, Lake Roland and the Gunpowder river. The water in Lake Roland is disgustingly filthy in appearance and must be full of dangerous bacteria, as it receives directly with every storm the scourings of Towson, Lutherville, Ruxton, Rockland and the contiguous territory, already very populous and becoming more thickly settled every year. The lake has become so filled with earth washed by the rains from the rich farms in the neighborhood that dredging operations on a large scale were inaugurated this summer, but had to be suspended because of an inordinate increase in the city of the number of cases of typhoid fever. The water smells foul and looks ugly. No one in the neighborhood drinks it; even the fishermen who frequent the banks of the lake refuse to drink it. Within a short distance of the city reservation cattle and horses loiter in the streams that feed it and constantly add pollution to what is already brought from further up the country. In a word, the water of Lake Roland is totally unfit for drinking purposes and will never be better, no matter how much the streams are patroled.

Is the Gunpowder water any better?

Yes, but only because of the greater area drained and of the greater distance from the known sources of danger. Phœnix, Warren, Texas and Cockeysville are all good-sized villages, and each is so situated that every rainstorm must wash directly into the Gunpowder, or into its affluents, whatever filth is lying loose in their streets or yards. The situation of the factory towns Phœnix and Warren, in deep gorges between high hills, each with a rapid stream running just parallel with the main street, renders the towns themselves most cleanly, as every rainstorm washes the filth of the village into the open sewer, which carries it at once into the Gunpowder river, and so on to Loch Raven, a few miles below. This beautiful artificial lake, more than five miles long and originally grading to thirty or more feet in depth, has long since become so filled with earth and debris that dredging operations had to

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be resorted to, lest its usefulness as a storage reservoir should be entirely destroyed.

This melancholy result has followed inevitably upon the character of the country drained and the lack of foresight of those who established it as a storage basin. At the time that the work was undertaken the city acquired only riparian rights of those who owned the land through which the Gunpowder flowed, paying in every instance an exhorbitant rate, in many instances more, actually, than the entire farms were worth as farms. What a mistake! Had large tracts been acquired, by a proper plantation of trees and construction, at very trifling cost, of catch basins, much of the mud and filth could have been kept out of the main lake. Although the Gunpowder has cut for itself a narrow gorge, shut in by high hills covered by forests, back of this narrow rim lies everywhere a rich farming country, of rolling surface, from which is washed every spring and fall, when fields are plowed, enormous quantities of earth, to be caught by sedimentation in the quiet waters of Loch Raven.

As things are now it is impossible to conceive of this lake except as a great catch basin for all this area. No matter how often it may be dredged it will soon be filled again, leaving but less and less opportunity for the filth to settle, and bringing the scourings of the villages and the washings of the manured fields closer to our spigots in the city. The Gunpowder watershed, if properly preserved, is amply sufficient to supply Baltimore with water for years to come, but it should be cared for with forethought. We can learn from our experience with Lake Roland what must inevitably happen to Loch Raven unless steps are taken at once. The population is already spreading beyond the hills that divide the two systems of watercourses, and must lead to a gradual congestion as the suburban railways push farther into the country. Large tracts of land should be acquired by the city by purchase, especially along the main course of the Gunpowder and its principal tributaries. Much of this land can be bought for a very trifling cost, and more can be acquired from time to time as it comes into the market. Much of it is of no value for farming purposes, because of the steep hillsides that wash so freely with every shower, but which can be made by proper tree-planting of inestimable value as a source of water supply.

The immense quantity of earth that is washed annually into Loch Raven comes chiefly from those bare hillsides, the richer valleys and grass lands washing but little, so that reforesting the hills would not only increase the regular supply of water, but would also prevent in large measure the flow of silt into the lake. Absolute control of the chief watercourses and a gradual reforesting of the hill slopes are the ends to be aimed at in the purchase of land by the city. In addition a most rigid supervision of all habitations must be had, especially of those that stand near any streams, or in positions that might lead to stream pollution with each severe rain. At Texas and Cockeysville this sanitary inspection is very necessary. Phœnix and Warren should be at once acquired by purchase or condemnation. In no practical way can they be rendered innocuous. A compulsory system of sewerage, embracing every house and the factory in each of the two villages, with a pump to elevate the outflow to the top of one of the neighboring hills for treatment by an irrigation system, would be the only way to escape an evil that is constant at each place, and grows annually greater as the villages increase in population. As they stand at present every heavy rain washes into the Gunpowder river from each village the accumulated filth and refuse of from 500 to 600 people, perhaps more.

It seems incredible that the people of Baltimore have permitted such sources of contamination to exist so long within a few miles of Loch Raven, but it must be through ignorance rather than wilfulness. We have trifled with this matter too long already and should move to protect ourselves before it is too late. Typhoid fever is epidemic each fall; cholera might become a visitor at some future time from neglect of the precautions mentioned. The recent terrible experi-

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ence of Philadelphia with the polluted water of the Schuylkill should serve as a warning to Baltimore. New York spends a million dollars every year in abating nuisances and in the purchase of land in the Croton watershed. It is time for Baltimore to rouse herself and look to the protection of the Gunpowder river water supply. Though it is very good at present, it has several points of weakness, through any of which may arrive danger of unknown magnitude. Now is the time to prevent the evil, not when it is too late.

ON THE USE AND THE ABUSE OF NITRATE OF SILVER IN THE TREATMENT OF OPHTHALMIA OF THE NEW-BORN.

By Harry Friedenwald, M.D.,
Baltimore, Md.

DURING the last few years a number of new remedies and new methods of treatment of ophthalmia of the new-born have been brought before the profession and extolled in terms of highest praise. As yet I have no experience with them, for I have continued to use and rely upon the nitrate of silver and I see no reason to discard it. In treating an affection the favorable result of which is of such importance throughout the life of the individual, it seems reckless to experiment when we possess a remedy which, properly applied, almost guarantees success.

The prophylactic treatment is as nearly perfect as can be hoped for in things medical. Howe (Transaction Am. Oph. Soc. 1897) has shown "that previous to the introduction of Credé's method the records of over 17,000 births tabulated by thirteen observers showed that over 9 per cent. of the children developed ophthalmia neonatorum. On the contrary, after the introduction of Credé's method the records of over 24,000 births tabulated by thirty-one observers showed only 0.65 per cent. In other words, the proportion was nearly fifteen times more frequent without the Credé method than with it." The experience of those connected with out Maternité Hospital in Baltimore thoroughly accords with the above.

But the treatment must be carried out properly--in strict accordance with Credé's method. The solution to be used is a 2 per cent. solution and a single drop is to be instilled directly upon the cornea as soon as possible after birth. It will not do to either increase or decrease the strength of the solution. Thus Howe's study has shown that a 1 per cent. solution reduces the percentage of ophthalmia only to 2.4 per cent., or about four times that of the standard solution.

The effect of stronger solutions and their more abundant use may be very disastrous, as is demonstrated by the following case: Last year I was called to see an infant that had been born at 4 A. M. Soon after birth several drops of a 3 per cent. solution were instilled and in the early forenoon an attendant, believing that the treatment had not been used, instilled some more. The eyelids rapidly swelled and when I saw the child there was a large infiltrated area, embracing the lower half of the cornea and presenting the typical picture of a burn of the cornea. Under simple treatment (boracic acid salve) the inflammation subsided and the cornea cleared up to some extent. This was evidently not a specific ophthalmia; its onset, course and its appearance proved it to be a burn from the nitrate of silver.

In hospital practice no one questions the propriety of applying Credé's method. In private practice it is rarely used. Is it not almost criminal neglect not to use it when the mother is known to have gonorrhea, or even when this disease is suspected? The conscientious physician who does not apply it in cases of severe leucorrhea, or when the mother has previously born children that suffered with ophthalmia, will find it difficult to relieve himself in his own mind from blame if the infant he delivers develops ophthalmia.

We now come to the curative treatment of ophthalmia of the new-born with nitrate of silver. Here it is equally important to apply the remedy properly, but it is much more difficult, for accurate

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judgment is required and hard and fast rules cannot be given. The solution is likewise usually 2 per cent. In mild cases it may sometimes be reduced to 1 per cent., and stronger solutions are rarely required. The same effect can be obtained with the 2 per cent. solution as with the stronger solutions if it is applied for a longer time.

It is equally important to know when not to use the silver solution. During the first stage of ophthalmia, when the lids are greatly swollen, the conjunctiva is congested and glistening and exuding a thin straw-colored serum, with sometimes a fibrinous deposit covering the conjunctiva, during this stage, as von Graefe showed, the nitrate of silver acts harmfully. If applied at all freely the conjunctiva becomes covered with a dense membrane which cannot be removed and which requires a number of days for its disappearance. But what is most serious is that this condition of the conjunctiva is frequently followed by corneal ulceration. It is necessary to curtail this state as much as possible and this can be done by means of cold applications; cloths which have been left lying on a block of ice are placed upon the eye in rapid succession and continuously, day and night.

As soon as the serous exudate becomes purulent we begin the use of the silver solution. But it is well to apply the solution very gently at first, brushing it over the conjunctiva but once or twice, for if applied vigorously even now the false membrane may make its appearance. The solution is not to be dropped into the conjunctival sac as is frequently done. The lids are to be thoroughly everted and the solution penciled over the entire surface. Many surgeons neutralize the excess of the nitrate of silver solution with a little salt water. I have been in the habit of taking up most of the excess with a bit of absorbent cotton and I believe the small quantity remaining is rather a benefit to that part of the conjunctiva which cannot be reached directly than a source of injury.

During the first few days, while there is still much swelling of the lids, it is necessary to continue the cold applications. It is most important to keep the eyes free from collections of pus by frequently separating the lids and washing out the eye with some mild solution such as boracic acid solution.

The nitrate of silver is to be used once daily and after the first application or two it is to be penciled over the conjunctiva until a thin milky layer is everywhere apparent, and it is well to follow this application with the cold cloths for half an hour or an hour to prevent too great reaction. This treatment is to be continued until the case is cured.

In those cases usually neglected in which a chronic ophthalmia is found and in which the conjunctiva presents enormously enlarged papille resembling the cock's comb—in these we are sometimes obliged to use stronger solutions, 3 or even 4 per cent., but with great care and careful protection of the cornea.

If I have gone into too minute details it is to impress their importance. Perhaps the following case will emphasize what I have said. I was called in consultation a few weeks ago to see a child which had shown the first sign of ophthalmia when two weeks old. The attending physician prescribed two solutions, one a boracic acid solution and the other a 2 per cent. solution of nitrate of silver. Through some misunderstanding the mother had instilled the nitrate of silver solution every hour or two for almost a week. When I saw the child at the end of this time there was a very moderate discharge, and on opening the lid I found a very white opacity taking up almost the entire lower half of the cornea and apparently superficial. I immediately suggested to the attending physician that this resembled much more a burn of the cornea than a specific ulcer. And later I obtained the statement given above from the mother. The opacity rapidly diminished in size and in density and in less than a month it had cleared to such an extent as to be visible only on close inspection.

That which is most to be feared in ophthalmia of the new-born is corneal ulceration. For when an ulcer has made its appearance it is impossible to foretell to what extent it will destroy the cornea

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and to what degree it will impair vision. I am sure, therefore, that the following case will be found interesting. In September, 1898, I was called in consultation with Dr. Hayden, who had been treating a child with severe ophthalmia of both eyes. In the left cornea there was a small peripheral ulcer about two or three mm. in diameter. Fearing that the ulcer would extend I touched it carefully with a sharpened point of a stick of lunar caustic. On the following day the ulcer was smaller and in a few days it healed completely. I saw the child again at the end of two weeks. The ophthalmia had disappeared and there was not a trace of the ulcer. In this case I feel reasonably sure that this radical treatment prevented extension of the ulcer and saved the vision.

PUERPERAL SEPSIS.

REPORT OF CASE.

By Flora Pollack, M.D.,
Baltimore.

MRS. H., white, married, aged 32; has had one child, two years ago; instrumental delivery. She has had a severe cold and cough all the winter, and recently has had a cough every winter, but it is worse this year.

An examination of the urine showed a specific gravity of 1033; reaction, acid; color, dark straw; some sugar; no albumen; no casts. Quantity passed daily not obtainable. Patient drinks large quantities of fluid and the thirst disturbs her rest at night.

She was delivered early in the morning of February 27, 1899, by a medical student, who sent for me on account of a violent postpartum hemorrhage, which followed a rather short, easy labor. Upon my arrival I found the woman almost exsanguine, restless, pulse thready and very fast. The hemorrhage had ceased, the uterus contracting upon the placenta, which the student could not deliver.

As the patient's general condition seemed so threatening, the first measures were directed to her resuscitation. Hence a 1-50 grain of strychnine sulphate was given hypodermically, the feet elevated and a cup of hot black coffee given. I then prepared to extract the fetal appendages. I shall go into detail here, for if the result was in any way due to faulty technique, it was at this time, so far as I am concerned, that reproach attaches. The people, of course, were poor, and as a consequence utensils, as well as hot water, at a premium.

After putting on my obstetrical gown, which I feel reasonably sure was sterile, I scrubbed my hands with soap water in the pan I had brought, and when asking for more water I was given a new tin basin with some hot water in it. I was told more would be heated later. I hesitated about putting bichloride into the water I might need to throw into the uterus, not that I feared the bichloride, but the contamination from cleaning the hands as well as cooling it; therefore, after a thorough scrubbing with the soap and water I removed the placenta. There was no unwonted bleeding after. I should say that unsuccessful attempts at removal had been made before my arrival.

During the routine examination of the placenta several areas of calcarious degeneration were discovered, which I thought at the time contributed not a little to the hemorrhage. For sixteen days the patient did as well as could be hoped for; the temperature went up to about 100° F. once or twice. Milk came in due time, and but for exceeding weakness there was no cause for alarm. At about this time the patient wanted to leave the bed, thinking the bed was exhausting her strength, and when she did get up there was vague pain, particularly in the legs; the student reported this to me, but as there was no fever I thought it was due in all probability to the intense anemia, which persisted in spite of the generous supply of milk she was reported taking daily. She was given larger doses of iron and quinine than she had been taking, and advised to be more guarded in her exercise.

Two days later the left leg became swollen and edematous, and very painful both to the touch and when at rest. She was put to bed and the foot elevated and

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swathed in flannel saturated with compound chloroform liniment. The temperature was slowly rising and the pulse (as Leopold points out in these cases) in inverse ratio to the temperature. This fact alone should have put me on my guard (for a person who has once heard Leopold dilate upon the *kletterpuls* (climbing pulse) and its significance is not likely to forget it) but that the woman's pulse had been fast for a week before delivery, and incipient tuberculosis was suspected rather than thrombosis.

For several days the leg was tender, but gradually improved, though still very much swollen; the patient steadily improved, again got out of bed and remained going about, when, ten days after the first attack I was called hurriedly to find the pain intense in the right costal region, the temperature was 102°, the pulse 114 and respirations fast and shallow. Upon examination no lesion was discernible. Salicylate of cinchonidine was given and the chloroform liniment applied. For the heart tablets of digitalis 1 m., strychnine sulphate gr. 1-50, and nitro-glycerine gr. 1-100 were given every three hours, and nitro-glycerine gr. 1-100 every hour so long as the pulse indicated it. To relieve the pain morphia gr. ½ every three hours, usually at night only, and milk.

Slowly the woman improved; the legs were no longer painful; the one only a little swollen. The lochia which had persisted apparently normal became scant, and again the patient seemed convalescent. The temperature went down; the pulse, still rapid, improved in character, and the woman felt, as well as looked, better.

For more than two weeks everything seemed favorable, when suddenly the temperature shot up to 104°, the pulse 130 and respirations 34; the woman, who could not be controlled when she felt better, and hence had been up and in her kitchen, was again put to bed and the same line of treatment pursued. At this time the woman's courage failed her and she insisted death was imminent; the pulse was almost fetal in character, the face was drawn and ghastly, and altogether she appeared in extremis. There was no localized pain anywhere, the abdomen was soft and there was a slight return of the lochial discharge, but, as before, the uterus and tubes were free from pain or swelling.

Again energetic cardiac stimulation was begun, and to overcome the painful restlessness which had overcome the patient I gave morphine ½, atrophine 1-200, hypodermically; in half an hour, there being no response to this dose, a double dose was given, and this remaining ineffective, one hour later I gave another ½ morphia and atropia 1-200. This, instead of quieting the patient, caused the most horrible noisy delirium it has ever been my misfortune to witness.

The atropia alone seemed active; the face became flushed, the pulse faster than it had been, but throbbing, of which the patient complained; the skin dry and hot, and with all the most distressing bursts of sound indescribable. She answered rationally when spoken to, but relapsed at once into this state if let alone. Occasionally she started in the midst of her noise to call for her husband and telling him she was dying, relapsed again in this state. It was 2 o'clock on Sunday morning, and after listening to this for some time I went home for some bromide of potash, which I gave very liberally and which finally quieted her.

When it is remembered that this occurred in a squalid room, with no one but the weeping husband around, the horror of the situation can be more easily imagined than described.

The woman recovered after an illness of nearly ten weeks, and indirectly I have heard that she is perfectly well now.

Before summarizing the treatment I should like to anticipate criticism by saying that the uterus was not curetted for reasons that seemed to me at the time sufficient to justify me in not doing it, and they were these: That the symptoms of infection arose remote from the probable source of the infection, and at first the patient's general condition did not indicate a grave general infection. Furthermore, the late appearance of the trouble, nearly three weeks from the date of the labor, made me feel that it was too late to be of service, and might

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only add to the area for absorption. The conditions surrounding the patient were unalterably unfavorable.

There are cases in which it would seem the better part of wisdom to refuse further help, unless the patient and her family yield to your demands, and again there are cases which one feels bound to see through to the end at all hazards, and this was one of them.

The treatment after the hemorrhage consisted in tonics and milk diet, with two vaginal douches of bichloride 1-2000 twice a day. The tonic was iron, quinine and strychnia. When the first symptom of infection appeared, to the above was added purgation by Rochelle salts, a teaspoonful of salts in enough water to dissolve it every hour until watery evacuations occurred, and if no bowel movement could be had in three hours a laxative enema,

℞ Glycerine, ℥i
Rochelle Salts, ℥i
Castor or Olive Oil, ℥i
Water, ℥viii

retained as long as possible. This was repeated every hour or half-hour as indications demanded. For the pain salicylate of cinchonidine gr. 2 every three or four hours, and morphia, were given, morphia likewise to produce sleep.

As purgation is vigorous, so, too, is stimulation when once it is needed, and nitro-glycerine takes the place of whisky or brandy when the latter are not at hand. It is safe and quick in action and causes very free diuresis; it can be given for prolonged periods of time.

Digitalis and strychnia are my next standbys, and after these tonics, iron, cinchona tincture, peptonoids and good light food, preferably milk and eggs, and scraped broiled meat (beef). And most important, of rest, complete rest in bed for three weeks at least after all symptoms have subsided.

Medical Progress.

Brain Bankruptcy of Business Men.—Dr. C. H. Hughes, M.D., of St. Louis, has presented in the Alienist and Neurologist a very valuable paper on the above subject, being a commentary on the death of ex-Governor R. P. Flower of New York. He says:

The restless brain-worker of our large cities, the man of affairs, thinking he knows as much about the needs of his brain, when it is tired and when other parts of his organism fail in consequence, as he does about finances, etc., has devised the club and the tour abroad as a cure, and given the medical profession the go-by, and the undertaker, in instances too numerous to mention among our brain-broken men of affairs, too early a summons.

The club, the tour abroad and the yacht are usually self-prescribed, while beginning break-down of brain and nervous system are left to repair themselves. The brain fag, the nervous dyspepsia and the insomnia of the business man are serious affairs, even in their beginnings, not to be lightly regarded. They are readily remediable, of course, but not very certainly so, by the prescriptions of a Wall-street money-changer, a railroad magnate or the millionaire manufacturer. These men are so accustomed to command success that they imagine that with a little inquiry of their wife's physician, the reading of the newspapers and a seaside or mountain or club experiment or two, they can figure out what is good for them, and they proceed to seek their health upon their own amateur medical judgment, when they would not think of trusting the management of their business to a medical man. He would not, in their opinion, have the trained observation and experience for forming a correct judgment of business affairs, yet these masters of financial and commercial strategy undertake this regulation of their own systems, though they would decline the helm of a ship in a storm.

Your modern high-pressure business man needs constantly the best quality of medical, as he does of legal counsel to keep him out of trouble. Premature collapse is pending with most of them, as it has overtaken so many, because of the way they live. The folly of the day with men of affairs is to have no stock-taking until after sanitary bankruptcy, when relief measures are often futile. After a blood-vessel has burst or become

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plugged, a tumor has formed in the brain or the reckless nerve strain has developed into advanced Bright's disease or sugar in the urine or other destructive disease has set in and sent the patient prostrate to bed, it is often too late for sanitary salvation. The neurologist is a necessity of his life.

If the foundation of a business man's house cracks or a fire is discovered in his building, he loses no time in calling in the architect or the fire department. If legal complications threaten, he consults his already retained lawyer, or even if his horse gets a little sick he has him promptly cared for, but his own damaged machinery he neglects until he becomes helpless, or tries self-tinkering on it till he is hopeless, and then some one else, as often as not, selects his physician for him. It may be a good selection or it may be an indifferent one. The selection is usually a matter of luck, pressing necessity or convenience. It is not often one of business judgment, but more often the lodge, the club or the church he belongs to determines the doctor he is to have in the crisis of his life.

The kind of medical aid that many great men receive in grave and critical emergencies in their life history is often a source of surprise to the profession. They are often men of the most limited caliber and professional resource, sometimes not even regularly educated physicians. The vagaries of the elder Vanderbilt in this regard, not to come nearer to the present time, may be cited as an illustration.

Ordinarily, the all-round family physician is not the only medical counselor a man of great business affairs should have. He should have the advice and care of one accustomed to estimate the strain of business upon the nervous system as well as upon the entire organism, and to adapt brains and nervous system to the demands upon them. Conditions of existence under present business demands have greatly changed in American business and professional life during the past generation, and as all extensive and prudent firms have their legal advisers to keep them out of the meshes of the law, so all men of large affairs should be guided by medical counsel in the management of their own systems, and adapt them to the conduct of their business affairs. The proper care of the boss is as essential as the proper conduct of the business. The best part of a business man's plant is a properly-cared-for directing head. There is great capital in a great, strong caput capable of carrying the greatest burdens of business without breaking.

The care of a business man's head should not be intrusted to a surgeon exclusively or always to the man whose specialty is women and children. No reflection is here meant on the family physician, who is the best of medical men, and indispensable to the home, in spite of the morbid disposition to hunt out a specialist for every family ill. The modern millionaire business man is a new factor in the problem of sanitation. He is a high-pressure physical machine that must keep up with the long-distance telephone, phonographs, graphophones, cables and wireless telegraphy of the day, going the pace that kills, unless wisely regulated, which means neurologically and psychologically governed in its movement and powers.

These men have a healthy look, but so does a steam boiler or magazine, on the outside, to the ordinary observer till it explodes, and then you see nothing but the wreck of the thing that was. The case of ex-Governor Flower is in point. It was not exclusively the ice water nor the hearty meal that killed Governor Flower. These gave his susceptible overheated, overworked system a shock and caused the arrest of functions necessary to the maintenance of organic equilibrium and life.

Though Governor Flower "looked healthier than any men he was accustomed to meeting every day," he was strained to the utmost point of brain and nerve endurance when the blow came that killed him. Though it was not the ice water nor the hearty meal that killed him, they were not prudently taken, nor the fishing in the hot sun. They were the last feathers on the camel's back. He had doubtless often before drunk copiously of ice water and eaten quite as

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heartily, when his power of resistance to such systemic shocks were greater. And he had doubtless often fished in the hot sun "many a time and oft" before, without a threatened fatality.

"Look at the tremendous activity he has crowded into the last four years of his life and the responsibilities under which he has been resting," exclaims Dr. Allen, his family physician. But he did not rest under his responsibilities.

He "had a similar attack the first year he was governor," but he then had more resistance and recovered. But this time he was more tired than ever before. He "was tired and went for a little fishing and to rest," and the weather was very hot and oppressive. He had fished two hours in the broiling sun. He went for refreshment and drink, and "the pitcher was broken at the fountain." The golden cord was loosed. The pneumogastric nerve from the brain to the heart and the sympathetic centers therein appear to have failed in powers of innervation, according to his physician's statement, and the vital organ failed in its function of sending blood to the brain and body. "He swooned away and never rallied." If he had there and then been laid immediately prone upon the floor and skillfully ministered to (the record does not state that any physician was immediately at hand) he might have rallied once again and the inevitable might have been postponed yet a little longer.

The heart diseases of which many men of mighty effort and great success in life are often reported to have died are frequently conditions of heart, nerve tire and paralysis (pneumogastric and ganglionic neurasthenia and pareses); a local expression of brain fag and general nervous exhaustion. Heart paralysis is usually heart-nerve paralysis, nerve centers within and above the heart, in the brain, giving out.

Dyspepsia is usually a brain strain and brain-worry disease, dependent on the nerve connection of stomach and brain, as heart failure is often so dependent.

The contented day laborer and the man without ungratified ambition or unfruitioned aspirations is not dyspeptic. Hogs and wild animals living in a state of nature never have indigestion. Trained trick animals often do.

Wall street, worry and overwork wrecked Governor Flower. They were the fatal causes, like the frequent drippings that wear away the stones, which led to his physiological bankruptcy and brain and nerve-tone failure and consequent heart collapse.

When the brain breaks and the nerves give out the organs they govern are sure to fail. Man's brain is not a perpetual-motion machine, and there are no devices known to science which will enable the machinery of mental movement to be constantly and incessantly overworked without a collapse.

Neurology can protect against and postpone penalty. Neurology would have sent a man in Flower's condition off to sleep by the sea rather than sent him a-fishing in the sun and to the luxury of a club.

When men of affairs manage their own cases when ill they often have fools for physicians. A man is ill in his nervous system when he is habitually tired and cannot rest well and be thoroughly repaired from day to day by natural rest and sleep. He no longer lives on his nerve-tone interest, but is exhausting his reserve principal and is not far from the bottom of his fund.

The successful business man does not manage his business as he manages himself, because he is a better financiar than he is a physiologist. If he were not he would bankrupt himself in the beginning of his business career.

The close-at-hand home club as a sanitary device is not a success. Too many good fellows of a kind collect there. They are not all brain-fagged, and the diversions suggested when these good fellows meet are rather too tonic for a worn-out brain.

That tired feeling of the really brain-fagged man may be dissipated in a high-ball or a cocktail, but the indiscretion has often to be atoned for in finally finding a more restful place away in the mountains or by the sea or on it.

Clubs are good social treats and retreats, but for the heavily business burdened they are, aside from their social

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benefits, a delusion and a snare. The brain-rest seeker may find diversion, but not much rest at the club.

The first thing for a brain-broken man is a capable medical adviser, who knows his needs and dares prescribe them.

These startling sudden deaths among our millionaire masters of finance and affairs are not the fault of the profession; they are the fruits of over-weaning egotism, conceit or self-negligence. They are the omission suicides of the mighty; the immolations of the magnates of money on mammon's merciless altars.

Since this was penned a statesman of Missouri has fallen because of the same folly of postponement of attention to premonitory symptoms, and the papers announce that "Silver Dick Bland," member of the American Congress and champion of free silver, suddenly stricken with paralysis, went to sleep, and after thirty-six hours of sleep passed away. The same old story.

* * *

SUTURE OF THE HEART. — Weber (Therapeutic Gazette), on the basis of an experimental investigation, states that before a heart wound can be quickly and safely closed by suture the organ must be exposed by the freest possible parietal opening. Compression of the heart, in order to make the operation a bloodless one, is not practicable in dogs, because it often causes death. It is worthy of note that of ten dogs, the hearts of which had been wounded after the organs were exposed, three lived; of nine dogs operated on for heart wounds inflicted through the parietes, two lived.

The incision suggested by Weber as the one most suited to allow of free access to the heart is one beginning to the left of the sternum, just above the insertion of the fourth costal cartilage. The cut is carried in the form of an ellipse through the skin and muscle down to the bone, transversely across the sternum to the upper border of the fourth left costal cartilage, two fingers' breadth beyond the left sternal border, and downward over the fourth, fifth, sixth and seventh ribs, finally inward to the base of the xiphoid process, terminating at the right sternal border. The sternum is sawn through in the line of this incision; then, after cutting the intercostal muscles in the third interspace, taking care to avoid the internal mammary artery, the fourth, fifth, sixth and seventh costal cartilages are cut through, and the flap thus formed is folded over toward the right side, the base of the xiphoid process being cut through before this is accomplished.

Riedel, commenting upon this communication, reported that a patient operated upon by him for heart wound two years before was still living and well. He stated that in case of pericardial effusion the heart is not forced away from the chest wall, as is commonly taught, but lies close to it.

Eichel contradicts this last assertion on the basis of a case which came under his own care. The patient was shot with a pistol ball and developed a pericarditis, which made operation necessary. The sternum was resected from the fourth, fifth and sixth ribs, together with portions of the rib cartilages. Over a pint of pus was evacuated from the pericardial sac before the heart could be felt by the finger.

* * *

TETANUS FOLLOWING ATTEMPTED ABORTION.—Turenne (British Medical Journal) of Montevideo reports that last January a young midwife pupil consulted him for stiffness and pain in the temporo-maxillary joint. Trismus was suspected, but there was no breach of surface anywhere except slight herpes of the lip. He then believed that the stiffness might be rheumatic. Next day, however, several bad attacks of tetanus occurred. The patient then confessed that seven days previously she had submitted to an operation intended to provoke abortion, as she suspected that she was a month pregnant. On further inquiry, the "operation" consisted in the introduction of a sound taken off a shelf, and an intrauterine injection followed without any antiseptic precaution. Doubtless the tetanus bacillus was then introduced. There was unfortunately no antitetanus serum at hand. The patient at the end of the second day had a general tetanic spasm, followed by several others; she died within forty-eight hours of the first ap-

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pearance of trismus. The patient lived near some large and very foul stables, but the manner of administering the intrauterine injection was quite sufficient to account for the tetanus. The incubation period was short, as is the rule in a very acute attack of the disease.

* * *

THE USE OF ASTRINGENTS IN INTESTINAL CATARRH.—While in recent years astringents have not been used as much as formerly, still there are times when nothing but astringents are effective. In the Boston Medical and Surgical Journal Dr. G. C. H. Meier says on this subject:

1. That in all diarrheal affections of recent duration it is of the utmost importance to free the intestinal canal of all irritating material, preferably by the use of small doses of calomel.

2. After this has been accomplished it is usually necessary to restore the tonicity of the relaxed intestinal mucous membrane and check the discharges by the use of astringents. In diarrheal affections of some days' duration, especially in children, it may be advisable to resort to the use of astringents at once in order to prevent exhaustion and collapse from the profuse and frequent evacuations.

3. The best form in which to administer an intestinal astringent is one by which the astringent principle is slowly liberated in the intestinal canal, so as to avoid any irritant effect upon the stomach, and also subject the lower intestinal tract to the influence of the remedy.

* * *

AN UNDESCRIBED PUPIL PHENOMENON.—A. Westphal (British Medical Journal) refers to the contraction of the pupil when the orbicularis palpebrarum muscle is energetically contracted. It is necessary to ascertain beforehand that the pupil is not in a contracted state (myosis) before testing. On asking the patient to close the eyelids firmly, and at the same time forcibly keeping the eyelids from closing, the pupil is seen to contract in the normal eye. In the case of eyes, however, whose reaction to light is feeble or absent (as in the case of the Argyll-Robertson pupil), the contraction of the pupil referred to as associated with the energetic contraction of the eyelids is in abeyance. This phenomenon—namely, the failure of contraction in association with that of the orbicularis—is the new phenomenon of Westphal. It has been found by him in tabes, in cerebral syphilis and in paralytics, but could not be obtained in healthy subjects.

* * *

REMOVING BLOOD STAINS.—A writer in the Medical Review of Reviews says that one of the best agents for removing blood stains from woolen clothing, linen, etc., is the peroxide of hydrogen. It may have to be applied more than once, and rubbing with the finger or a cloth hastens the disappearance of the spot. If hot water has been used, coagulating the blood, the peroxide is not effective. It does not take out the color of clothing.

* * *

ACUTE APPENDICITIS.—Dr. Maylard proposes in the Therapeutic Gazette the following treatment in the early stages of acute appendicitis:

1. Give copious warm soap and water enemata.

2. Administer hourly until the bowels move freely small teaspoonfuls of sulphate of magnesium dissolved in about two wineglassfuls of warm water.

3. Apply hot linseed poultices to the right iliac fossa.

4. Feed on whey, chicken tea, meat jellies, etc.

* * *

LARGE ISCHIATIC HERNIA.—Girou (British Medical Journal) adds to medical literature one more case of this rare form of rupture. It occurred in a hard-worked woman, aged fifty-five, who had borne eight children, and appeared after a violent fall in the sitting posture when she was forty. Only two-thirds of the hernia, which was very bulky, could be reduced.

* * *

POTASSIUM PERMANGANATE IN PSORIASIS.—Rasch (British Medical Journal) has used a 2 per cent. solution of potassium permangate in fourteen cases of psoriasis. In some cases the disease disappeared in two or three weeks; in other cases little or no effect was produced. The drug was painted on the spots twice a day.

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BALTIMORE, SEPTEMBER 30, 1899.

Opening of the Schools.

ON Monday the medical schools of Baltimore will begin their work, and many of them will be able to state that they have a larger number of students enrolled than the year before. It is questionable whether to congratulate the schools on this increase or to condole with the public for having to support such a large number of new physicians each year.

It is to be hoped that the limit in the number of medical schools in Baltimore has been reached at last for some time to come, and now the very serious question is how to support these schools and make them not only profitable to the teachers, but independent enough to give a good education and make the facts correspond with the statements in the catalogues.

From a pessimistic point of view, there are too many schools in Baltimore, and they are hurting each other, and nothing short of the consolidation of some of the stronger ones and a gradual choking out of the weaker ones will give satisfactory results. This would be a good thing for all, but, at the same time, it must be admitted that the schools as they now stand do good work, and they compare most favorably with similar schools in other cities where competition is just as great.

Baltimore is growing in population and in wealth, and the prosperous times have not passed by this city, and hence good crops and a prosperous market mean more students, with money to pay for what they get. The ideal move would be consolidation, not for the purpose of forming a trust here, but to give the students greater facilities and the public better physicians.

It is hard to say what the future will bring forth, but it is safe to say, in spite of some disadvantages caused by active competition, young men, and women, too, will come to Baltimore to get a good medical education, and they will not be disappointed.

* * *

Baltimore's Water Supply.

THE subject of Baltimore's water supply may be an old theme, but it is presented in a very clear and forcible way by Dr. O'Donovan in this issue, and the article deserves a careful perusal. The question of giving pure drinking water to any city would not be difficult to solve if the city fathers were far-sighted and above reproach.

In Philadelphia, for example, the politicians have discussed water supply year after year, while the mortality from typhoid fever was annually increasing. Cumberland and also Washington complain that the Piedmont Pulp Mills contaminate the Potomac river and render the water unfit for use.

In the case of Baltimore, as Dr. O'Donovan points out, the great danger is from the rapidly increasing population on and near the borders of the streams that supply the drinking water of Baltimore.

Lake Roland is in a bad condition, and while the dredging which is going on may temporarily improve the dangerous state of affairs, it is only a matter of time when this polluted artificial lake will again be unfit for use.

The ideal system is by filtration, but this especially applies to those cities on large rivers with other cities or towns above it. The filtration system is ideal, but is very expensive for large cities; therefore the only course to pursue is for Baltimore to buy the land for some distance around its water supply, even if its cost is great, and thus insure a good water supply for the future.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 23, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	9
Phthisis Pulmonalis	5	21
Measles	4	..
Whooping Cough	5	1
Pseudo-Membranous Croup and Diphtheria.	37	5
Mumps	..	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	*26	3
La Grippe	..	..

*5 cases mported.

Dr. W. H. Taggart of Winchester is dead.

Stoerk, the laryngologist of Vienna, is dead.

The mortality from typhoid fever is growing less.

Many cases of typhoid fever have broken out at Madrid.

Dr. Benjamin Robertson of Culpeper county, Virginia, died recently in Texas.

On account of some trouble the whole medical faculty at the University of Vermont has resigned.

A marble bust of the late Dubois-Reymond has been placed in the Physiological Institute at Berlin.

Dr. George A. Hendricks, professor of anatomy at the University of Minnesota, died last Sunday.

Courses of instruction in cooking for physicians have been established in two cooking schools in Berlin.

Sir Michael Foster, K.C.B., M.D., will deliver the presidential address at the forthcoming meeting of the British Association.

At the thirty-second annual Succoth festival of the Hebrew Hospital of Baltimore last Sunday about $2500 were given to that institution.

Dr. C. Birnie of Taneytown, president of the Medical and Chirurgical Faculty of Maryland, has been nominated for State senator on the republican ticket.

The death is announced of Dr. George W. Wayson of Baltimore, in his eightieth year. Dr. Wayson received his medical degree at the old Washington University of Medicine in 1846.

Dr. W. W. Ford, a graduate of the Johns Hopkins Medical School, is one of the first holders of the newly-founded Research Fellowships in Pathology of McGill University, Toronto, Canada.

The eleventh annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held in Chattanooga on Tuesday, Wednesday and Thursday, October 24, 25 and 26, 1899.

It has been suggested to remove the principal hospitals of Paris from the center of the city to the suburbs. In this way the municipality will be able to erect modern hospitals and also sell the old buildings and grounds for a large sum.

The George's Creek Medical Association held its third annual banquet at Lonaconing, Md., Thursday, September 21. Dr. W. Q. Skilling delivered the address of welcome. Papers were read by Drs. W. E. Moseley, C. S. Hoffman and E. L. Jones.

Dr. Hugh H. Young of the Johns Hopkins Hospital, who went to Texas about six months ago on account of ill-health, has returned entirely well and is attending to his duties at the hospital and at his office, 1005 North Charles street.

In 1889 there was a law passed in Germany that every German with an income of $750 and over was compelled to insure his life against sickness and old age. In 1898 there were 11,200,000 persons in Germany thus insured, and so many of these had pulmonary consumption that thirty-seven of the insurance companies erected at their own expense a sanitarium for the care of the cases.

The College of Physicians of Philadelphia announces that the fifth triennial prize of $500, known as the "William F. Jenks Memorial Prize," will be awarded to the author of the best essay on "The Various Manifestations of Lithemia in Infancy and Childhood, with the Etiology and Treatment." The prize is open for competition to the whole world, but the essay must be the production of a single person.

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Washington Notes.

A sanitarium has been established at Fort Bayard, N. M., for the treatment of army men suffering from tuberculosis.

Major B. D. Taylor, surgeon, has been relieved from duty at Fort McPherson, Ga., and ordered to duty at San Francisco.

Dr. W. W. Purnell, formerly of this city, now of Omaha, Neb., has been appointed assistant surgeon in the Forty-eighth United States Volunteers.

Acting Assistant Surgeon H. L. Taytor, now in this city, has been ordered to Vancouver barracks, Washington, for duty with the Thirty-ninth Infantry.

Acting Assistant Surgeon S. M. Gonzales, U. S. army, upon the completion of the duty assigned him, is to report for assignment to duty in the Department of Porto Rico.

Dr. J. B. Nichols, assistant surgeon at the Soldiers' Home, has resigned his connection with that institution. He will be succeeded at the Home by Dr. A. B. Herrick of Johns Hopkins Hospital.

Medical Director J. R. Tryon, formerly surgeon-general of the navy and chief of the bureau of medicine and surgery, has been placed on the retired list of the navy. He is a native of New York, and will make his home on Manhattan Island.

The American Electro-Therapeutic Association has elected the following officers for the ensuing year: President, Dr. Walter H. White of Boston; first vice-president, Dr. Percy Hickling of Washington; second vice-president, Dr. Charles O. Files of Portland, Maine; treasurer, Dr. Richard J. Nunn of Savannah, Ga.; secretary, Dr. George E. Bill of Harrisburg, Pa.; two members of executive council to serve three years. The next place of meeting will be New York.

REPRINTS, ETC., RECEIVED.

College of Physicians and Surgeons of Baltimore, 1899-1900.

A Case of Brown-Sequard Paralysis Appearing One Year After Syphilitic Infection. By Robert Reuling, M.D. Reprint from the *Philadelphia Medical Journal.*

Book Reviews.

THE MINERAL WATERS OF THE UNITED STATES AND THEIR THERAPEUTIC USES. With an Account of the Various Mineral Spring Localities, their Advantages as Health Resorts, Means of Access, etc. To which is added an Appendix on Potable Waters. By James K. Crook, A.M., M.D., Adjunct-Professor of Clinical Medicine and Physical Diagnosis at the New York Post Graduate Medical School, etc. Pp. 588. New York and Philadelphia: Lea Brothers & Co. 1899.

This is a very praiseworthy attempt to show the value of the natural springs of the United States. Europe has always been far ahead of us in using water cures, and their employment there has always had more of a scientific basis than in this country. There are certainly wonderful springs in the United States, and springs possessing undoubted virtues, but the trouble is that most of them, being under private control, reliance cannot always be put in the analyses published. Besides, an attempt is too often made of proclaiming these waters as cure-alls and they are too often recommended by physicians who know little or nothing about them. That such a work as Dr. Crook's will help to throw light on the subject is undoubted, but too often his information is obtained from circulars and analysis made by the owners of the springs. This is, however, the best book of its kind so far published and as such deserves a careful study.

A COMPEND OF THE PRACTICE OF MEDICINE. By Daniel E. Hughes, M.D., Chief Resident Physician Philadelphia Hospital, etc. Sixth Physicians' Edition. Thoroughly revised and enlarged. Including a Section on Mental Diseases and a very complete Section on Skin Diseases. Pp. 625. Price $2.25. Philadelphia: P. Blakiston's Son & Co. 1899.

This little work, originally written for students, has become so popular that the author, while keeping it within bounds, has made it also useful for physicians. The addition of a section on mental diseases in the fifth edition has greatly enhanced its value. The section on diseases of the skin may be good, but, without good illustrations, this specialty can mean little to the student. This book is beautifully bound in flexible skin, with round corners and gilt edges. It is a very inexpensive book.

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MARYLAND
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Original Articles.

A CASE OF POLYMORPHISM.

By Henry Alfred Robbins, M.D.,

President of the Microscopical Society of the District of Columbia, etc.

I PRESENT to you today this genuine African of Herculean stature. The forefathers of this old man did not come from Congo. Without doubt his ancestors came from one of the conquering tribes from the interior of Africa and sold their captives to the slave dealers. Occasionally this was done, which accounts for the magnificent development which you sometimes see in negroes of the present generation.

This man is an old soldier, having served in both the Confederate and Union armies. He claims that the lesions you see were due to the explosion of a powder mine at City Point, Va. This occurred, I think, in 1862, about thirty-seven years ago. He made an aerial ascent, propelled from below. The descent was quicker than the ascent. Shortly after he noticed skin eruptions, and he has never been free from them since. I have heard of a great many ways of acquiring syphilis, but never in such a startling way. An explosion was bound to come, but it was from a dalliance with Venus, rather than an encounter with Mars, that led to his acquaintance with Mercury.

Dr. Livingston is reported to have said that pure-blooded Africans were immune to syphilis. Syphilis was unknown in the Sandwich Islands until Captain Cook and his crew landed there, and then it spread like wildfire. And, strange to say, leprosy was also unknown there prior to that date. Dr. Fitch, who had charge of the leper hospitals of the Hawaiian Islands, called leprosy the fourth stage of syphilis, and defied anyone to show a case of leprosy where there was no history of syphilis, either acquired or inherited.

I will strip this man of all his clothing. That is the Vienna method, not only in cases of syphilis, but in all forms of skin diseases. I do not find that the patients object. At a glance you see all over him are polymorphous syphiloderms.

This is characteristic of this disease. Dr. Prince A. Morrow says: "The multiplicity of eruptive forms present at the same time constitutes one of the most constant and characteristic features of syphilitic eruption. In no non-specific disease of the skin is this peculiarity developed to the same extent and with the same frequency. Macules, papules, scaling patches and pustules may be found side by side or on different parts of the body, and this association or co-existence of elementary lesions of dissimilar forms is the rule in syphilis rather than the exception.

What is particularly noticeable in this man is the squamous variety of syphiloderm, as you see about his elbows and buttocks and lower extremities. This sometimes is improperly called syphilitic psoriasis. His lower limbs also greatly resemble the disease called ichthyosis, because the scales resemble those of a fish. On the back of the right leg, in the popliteal space, is a good example of the pustulo-crustaceous syphilide. On the left side and under the left arm is a good representation of the superficial serpiginous syphiloderm. You notice these white patches on his breast and on his

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back—leucoderma, so called. Whether this piebald condition of the skin is due to a former syphiloderm I will not positively assert. We notice it so often in the negro race. An exciting cause in the

old slave days was the lash of a whip. At present the slash of the razor is most frequently the cause of this and keloid growths.

On the patient's chin you will notice what is called the tubercular form of syphiloderm.

Now we will examine the patient's mouth. As I expected, we find a chronic congestion of the pharynx, and back of the pillars of the fauces chronic ulcerations that look as if they had been touched many a time with the solid stick or strong solutions of nitrate of silver, and here next to the right molar tooth is

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a typical opaline mucous patch. Mucous patches are among the first and latest manifestations of syphilis. I find indolent engorgement of the lymphatic glands, especially of the post-cervical and epitrochlear.

As yet the man has had no symptoms of the disease having attacked the vital organs. It has expended its strength on the tegumentary tissue.

Our preferred treatment would be the inunction, in connection with the iodide of potash internally, or preferably to the inunction, the mercurial vapor bath. It will be impossible to carry it out, so we will order our usual tertiary mixed treatment.

I took the notes of this case several months ago. I have recently ascertained that he died of cerebral syphilis in an eleemosynary institution.

OLD AGE AND THE MODIFICATIONS IN THE COURSE OF THE ORDINARY DISEASES WHEN THEY ATTACK THE AGED.

By Marvin E. Nuckols, M.D.,

Lecturer on Medical Jurisprudence and Assistant Demonstrator of Chemistry, University College of Medicine, Richmond Va.

In considering the subject of old age the question arises, is it a disease, as the older and, in fact, some of the more recent writers would have us believe, or is it a physiological condition? Before we answer this question we must determine what the normal physiological state is. If we take the functions of a healthy adult as a standard and compare them with those of the old man, or even the child, it is easy to note the most striking difference, not only in the physiological functions, but also in the anatomical structure of the organs. Since we do not regard childhood (a period in which the functions are nearly as different from those of the adult as are the functions in old age) as a disease, why should we call old age a disease?

Old age may be defined as a modification of the normal condition (taking the adult as normal), in which all the functions of the organs are retarded, but acting in perfect harmony, and it is, therefore, not a disease, for disease implies a rupture of relations or lack of harmony between the various organs; consequently we can only look upon old age as a normal phase of life, a period of slow and gradual retrogression towards death and as true a physiological condition as childhood or adult life. To make this clearer and more conclusive, let us observe for awhile the living being, following it through life. The essential characters of living matter are instability and power of attraction, or the power by which the cells are nourished or new ones produced. This power resides in and is an inherent property of the protoplasm of the cells, and by it the process of integration and repair is explained, and, by its diminution, disintegration and destruction; so it can be readily seen that this characteristic plays an important part in the maintenance of life.

A natural conclusion from the above would be that living matter ought never to die, but should be immortal. It possesses a strong power of attraction, its instability enables it to accommodate itself to any environment, and its surroundings furnish all the material necessary for its maintenance. But cells in the course of their existence become differentiated, that is, they are changed from the primitive type; they attain a higher degree of perfection; their functions are exalted; they become specialized, and, in doing this, they lose some of their power of attraction; their resistance is lessened; in other words, what they give in quality they lose in quantity. But, fortunately, all cells are not highly differentiated, and all do not reach their maturity at once. If they did our lives might be shorter than they are. The nerve cell is probably the most highly differentiated and is the first to wear out, other things being equal; while the connective-tissue cell is the least differentiated, and as a result enjoys a long and happy existence. This may be more clearly shown by an example. Suppose nervous tissue, or any other highly-developed tissue, is worn out through use, or has accidentally been

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rendered incapable of performing its functions. It cannot replace itself, but is replaced by connective tissue, thus explaining the extent of sclerosis in old age.

In connection with this, I do not think it will be out of place to say something of the *rôle* which connective tissue plays in the economy. It is the most widely distributed of all the tissues, acting as a support and protection for tissues more highly organized. It is of all the tissues the most capable of regeneration, acting the principal part in healing all wounds and injuries. When more highly developed tissue is worn out or destroyed it takes its place, or it may be converted into cells identical with those destroyed, and thus replace them. In this case the connective-tissue cells seem, as it were, to forget themselves and assume the character and functions of their neighbors. Prolonged excitement due to hyperemia, hyperactivity of function and circulation of toxic blood will also cause its development. This process is constantly going on in later life, and we should not be surprised to find sclerosis of the organs of the body. When the noble cells, or highly differentiated cells, cannot be replaced in sufficient quantity, and connective tissue begins to fill in the gaps, the functions of the organs are interfered with and senescence begins. It may be asked, why old age begins at different periods in different individuals. This is explained by difference in habits, temperament and diathesis, all of which affect the resistance of the cells. A person may inherit a strumous diathesis, in which the cells have little vitality from the beginning, little power of attraction and little resistance, and, as a result, are prone from the beginning to early degeneration and death. It is easy to understand why this person becomes old sooner than one who inherits no diathesis and lives a temperate life.

Various theories have been advanced from time to time as to the causes of senility, but I shall mention only two to show how different they are from the present teaching:

The first is that the cause resides in the respiratory organs. The lungs perform their functions imperfectly, resulting in defective hemostasis; the blood is not sufficiently oxygenated, and, as it is the carrier of nutrition, the organs and tissues suffer as a consequence. The second is that sclerosis is produced by arteritis, and this, in turn, by vitiated blood. By deductive reasoning, we come back to vitiated blood as the primary cause of senility, but no cause is given for vitiated blood.

The great objection to these theories is that they take effects for causes. All these conditions are the results of senility, as I have shown when speaking of the evolution and specialization of cells.

Now that it has been shown what old age really is, and how it is brought about, I will say something of it in its relation to the ordinary diseases.

The older writers tell us that there is a defective reaction to disease, and that the organs seem to become independent of one another and to suffer separately; in other words, the condition of a particular organ is not echoed by the economy as a whole, as in adult life. This is to a certain extent true, but when we study the conditions more closely we find that it is more apparent than real. Consider the temperature in febrile conditions in the aged. To the touch, or if taken in the axilla, it is very much lower than that of an adult under the same condition. The subcutaneous fat has disappeared and the circulation in the skin is poor, and as a consequence the skin and extremities may feel cold, but if the temperature is taken in the rectum it corresponds very nearly to that of the adult. That there is reaction in the aged is also shown by increased combustion in febrile conditions, manifested by an increase in the solids of urine; but reaction, while marked, is somewhat less than in adult life or childhood. The reason for this is that the functions are retarded. The organs which express and feel are slower to act. The whole condition is one of lowered vitality. The pulse is usually below seventy and is often intermittent, showing that the heart, like all the organs, is wearing out and needs rest. A pulse of 80 to 85 usually indicates some pathological condition, and, when noticed, necessitates a thorough exami-

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nation in order to discover its cause, while a pulse of 120, if it lasts any length of time, is almost certainly fatal.

The respiration is always increased, even when the lungs are not involved (but it is exceedingly rare to find an old person whose lungs have not undergone some change, either fibroid or emphysematous, or both), due to nature's endeavor, that hemostasis may go on properly.

The eruptive diseases are rare in the aged, because most old people have had them; still those who have never had them are not immune. The symptoms are never characteristic, the eruption is almost always absent, complications are more frequent, the heart, lungs and kidneys being especially apt to be involved.

Typhoid fever is not rare in the aged. The local symptoms are generally mild. The fever is of a low type; toxemia and depression are always marked, and convalescence is tardy and relapses frequent.

Bronchitis in the aged is very frequent, both on account of the conditions already present in the lungs—emphysema, sclerosis and dilatation of the bronchi—and the natural susceptibility of the aged to cold. It is apt to become chronic, especially in those who are gouty. It also shows a marked tendency to extend to the smaller bronchial tubes, thus jeopardizing life.

Pneumonia is probably the most frequent acute disease of old age, and kills more old people than any other disease. It develops in an abnormal manner, and is very insidious in its onset. The objective symptoms are not characteristic; in fact, the patient may present the symptoms of meningitis or no symptoms at all, and may even be going about when the physical signs of pneumonia are present. Therefore, when called to see the aged in winter, even if there are no outward manifestions of pneumonia, it is advisable to examine the lungs. The symptoms, when present, are slight, low fever, little or no pain, some dyspnea and marked cyanosis. Tuberculosis, once said not to exist in old age, is sometimes present, being usually of the fibroid type. In it there is little or no cough or fever, no night sweats—simply slow and progressive emaciation, with the physical signs.

Acute Bright's disease probably does not exist in the aged. The kidneys are always atrophied and degenerated; still the system accommodates itself to the condition, and the patient gets on fairly well until there is some disturbance in the economy; catabolism is increased, and the kidneys, being unable to eliminate the waste material, uremia results. This may be so slight at times, giving rise to only headache and malaise, that we may be thrown off the track unless frequent examinations of the urine are made.

I might go on indefinitely with a description of the diseases occurring in the aged, but, since I have spoken of the principal diseases common to other periods of life as well as old age, I shall conclude with a few remarks as to the care of the aged.

We should especially advise them with reference to diet, fresh air, exercise and clothing. The diet should be simple, but nutritious. The patients should aim to eat simply to repair, and as the functions are much reduced, very little is required to maintain life. They should eat as do children—often and in small quantities. The evening meal should be light and unstimulating. We should caution them especially about overloading the stomach and allowing themselves to become constipated, as this is one of the most frequent exciting causes of apoplexy. Alcoholic liquors, if drunk at all, should be taken with caution.

Fresh air is very essential to the aged; in fact, more so than at any period of life, because, on account of the condition of the lungs, hemostasis is imperfect. It is entirely wrong to keep an old man shut up in a warm room and allow him to breathe and rebreathe the same air. It is a common thing to find an old man, heavily clothed, drawn up by a hot fire, and dreading a breath of fresh air for fear of taking cold. The clothing should be warm, but light, and he should be made to take outdoor exercise every day.

When called upon to treat the aged we should make a thorough examination, especially of the lungs, heart and kidneys, for reactions in the aged are not

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marked, and some serious condition may exist without any outward manifestation. In all diseases we should test the urine from day to day, and should be ever ready to anticipate and combat the depression, so often seen in the course of diseases in the aged, by the administration of tonics and stimulants.

THE LONG AGO, YESTERDAY AND TODAY.

PRESCRIPTIONS OF 1859, 1879 AND 1899 COMPARED.

By Henry P. Hynson, Ph.G.,
Baltimore.

AS CHAIRMAN of the Committee on Practical Pharmacy and Dispensing I made at the forty-seventh annual meeting of the American Pharmaceutical Association, held at Put-in-Bay, Ohio, September 4 to 9, a report, comparing the present condition of dispensing pharmacy with that of the past.

In this way we can better discover the true tendencies of pharmacy and may, perhaps, find much of encouragement by this retrospective comparison of the long ago, the yesterday and the today.

It happened that one of our members had the good fortune to be in a position to make this comparison. He had files of prescriptions filled in the same locality, written by the same class of physicians for the same order of customers, consecutively for forty years. This is unusual in a larger city where localities are constantly changing. It is seldom in the history of cities that the haunts of the polite and wealthy of forty years ago are not now the marts of trade or the abiding places of the masses. To make the comparison more complete 1000 consecutive prescriptions of the years 1859, 1879 and 1899, each series beginning with March 1, were carefully examined in a manner to ascertain, if possible, the present status of dispensing pharmacy as compared with that of the same season twenty and forty years ago. At each period did these prescriptions represent the writings of more than fifty physicians, and in the last series more than one hundred.

It has been said that pharmacy has degenerated, that much more was required of the dispenser in the "good old days" than now. We most positively deny this. The comparison made in connection with a close observation of the required manipulations prove beyond a question that the requirements of today are far beyond those of any period during the life of the association. The statement refers to scientific attainments, ready and comprehensive knowledge and to technique, especially.

By thoughtfully scanning the accompanying table much of instructive interest and healthful encouragement will be found:

	Mixtures.	Solutions.	Powders.	Pills.	Ready-made Pills.	Capsules.	Ready-made Capsules.	Tablets.
1859....	285	73	165	203	1	0	2	0
1879....	355	70	132	128	10	20	3	4
1899....	238	107	55	23	25	110	16	81

	Cachets and Konseals.	Lozenges.	Ointments.	Suppositories.	Plasters.	Simples.	Total Simples.	Total Combinations.
1859....	0	0	34	1	18	218	239	761
1879....	2	2	34	4	4	232	255	745
1899....	8	2	94	2	0	239	363	637

	Galenicals.	Proprietary.	Specifications.	Synthetics.	Extracts.	Fluid Extract.	Infusions.	Decoctions.
1859...	352	1	13	0	867	8	3	1 0
1879....	415	87	52	0	86	39	7	
1899....	460	184	83	56	57	14	5	0 1

	Eye Solutions.	Incompatibles.	Different Articles in 100.	Articles per 100.	Time.	Metric.	Repeats.	Selling Value.
1859 ...	8	31	93	221	25	0	...	258.89
1879....	17	4	114	257	24	0	735	377.15
1899....	42	1	125	256	11	17	936	382 15

Three prime facts are certainly brought out—changes have occurred; opportunities for galenical pharmacy still exist; much dispensing knowledge is yet required. We do not put up quite as many mixtures, but we make many more solutions—solutions of delicate and sensitive alkaloids which have to be accu-

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rately weighed; solutions which have to be made upon a percentage basis, unknown in the former periods; more spray solutions with their complexities; more eye solutions to be well filtered and sterile. And the mixtures we make today, can one think them less difficult than those of forty years ago or are the results of today less elegant? We make less pills, but we fill more capsules—capsules filled with masses, capsules filled with powders, soft elastic capsules filled with liquids, oils and alcoholics. We wrap fewer powders, but we make many more ointments—ointments weighed by the metric system, not many, but more than in 1879 or 1859. Ointments we know, too, require more time, more good judgment than any other class of preparations. One can hide faults better anywhere else than in ointments.

Ready-made pills and ready-made capsules have come, but they do little to reduce our manipulations, surprisingly little, less than 4 per cent. of the prescriptions by the two combined. But you say tablets have come. Yes, these can claim just 8 per cent., no more, and any of us can make tablets at a small outlay for apparatus. In many instances they are less troublesome than pills or capsules. It is seldom that specifications are made and they might be less. Frequently special formula tablets are prescribed, so they have come and konseals also have come. We have all these beside all our fathers and grandfathers had; even a plaster must be spread occasionally, if not once in a thousand times, maybe once in five thousand times. Suppositories are gregarious, yet they come to an overpowering degree, perhaps in the next thousand; they are rectal or urethal, coca butter or gelatin. Although we have more simples, one-third more the tendency is in that direction; they are not all proprietary; many proprietaries enter combinations and many galenicals are used as simples. We remember that this is about equalized. This tendency to employ ready prepared combinations should help us as it helps the larger manufacturers. For example, why not a national formulary solution of iron and manganese peptonate? Is it less to our credit to keep Basham's Mixture ready made, as we can now, than to prepare it for each call? The tendency is not bad, yet we must see that it tends our way. That proprietaries have increased is indeed a truth. That a certain class of these have encouragement is not creditable to the medical profession, this the profession freely admits; that another class finally helps pharmacy by stimulation we must admit. New classes of elegant pharmaceuticals have originated in the proprietaries. Many of our much-used official preparations were formulated to take their places, because they were popular. Specifications, it will be noticed, are few and in five years have decreased. This is plainly marked by the efforts of manufacturer, made to promote specialties rather than to secure specifications, which failed. Specialties, too, will have their day, and specialties and proprietaries are the same. Endless comment, almost, could be made upon these tables, but we will not further impose upon the readers just here, save to note the passing of the fluid extract to call attention to the number of prescriptions repeated while 1000 new ones are being filled, and lastly to a very important matter, the prices. "The good old days" show badly as compared with these "hard times," and we are convinced that the fairer days of 1879 would be much farther behind us had not the 93 lots of quinine brought in two cents for every grain. The pricing of prescription is not a matter of individual caprice; we all know it is not. We will invariably charge all that competition will allow, no more, no less. The prices are largely regulated by trade conditions. This being so, conditions are better respecting prescriptions just now.

Incidentally we noted the number of times the more popular drugs were used in each of the series of prescriptions and also noted the same regarding some of the least used:

	Calomel and Blue Mass.	Quinine.	Opium.	Mo phia.	Ipecac.	Potass Iodide.	Nux Vomica.	Strychnine.	Acid Hydrocyanic Dilute.	Digitalis.	Codeine.	Atropine.
1859....	164	48	88	50	145	14	21	8	29	12	0	0
1879. ..	52	93	65	40	36	23	21	9	9	3	5	4
1899....	47	70	17	16	10	18	25	33	3	1	34	10

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	Cocaine.	Acetanilid.	Matico.	Musk.	Veratrine.	Sodium Hypo-sulphite.	Mercury and Magnesia.	Donovan's Sol.	Syrup Iodide of Iron.	Iodoform.	Acid. Phos-phoric.	Alkaloids.	Oleates.	Blisters.
1859....	0	0	5	3	2	1	1	1	1	0	..	..	0	13
1879 ...	0	0	0	0	0	0	0	0	0	1	1		1	3
1899...	10	8	0	0	0	0	0	0	6	2	0	17	4	0

It is interesting to note the great decline in ipecacuanha stock, while we are surprised to find that it was ever so high. We all expected just what we find regarding mercury. The comparatively large amount of acid hydrocyanic used in 1859 must attract attention, and it is fair to state that fully 90 per cent. of the incompatibilities of that year, if such they may be styled, were due to the combination of this acid with alkalies, and, strangely enough, the one incompatibility recorded in the series of 1899 was this same mixture.

There were some facts and oddities discovered in examining the prescriptions of 1859, which we believe will prove interesting. Attention has been called to the entire absence of metric prescriptions and prescriptions where definite percentages are required, as frequently found today. The largest "old-time" dose found was fifteen grains each of calomel and jalap. It was not uncommon to find a thimbleful of powder prescribed; whether a large or small thimble we could not discover. The one proprietary used was McMunn's Elixir of Opium. This is still prescribed.

Among the specifications, indeed, all of the thirteen were for Henry's Magnesia, Blair's Sy. Phosphates Compound, Ellis' Charcoal and Andrews' Essences of Columbo and Calisaya. This latter preparation must have been much more acceptable than the usual form of administration, by mixing the powdered bark in water.

The doctors rarely signed their names nor did they ever use a printed blank as now. It is supposed that they could not be found when wanted for revision of prescriptions, and that is, perhaps, why when one wrote Super. Carbonate of Soda grs. xx., Pulv. Ipecac grs. iiiss., and *Pulv. ipecac* grs. iiiss., no correction was made. The one who wrote Tr. Opii Acet. and followed this with "Black Drop" in parenthesis left us wondering which he wanted.

They were fond of "salts" in those days, so fond that they ordered Rochelle and Epsom salts in the same prescription. Not quite as bad, however, as one of the "seventy-niners," who frequently prescribed six different makes of pepsin in a liquid preparation of the same and on "off" days combined Quevenne's iron with reduced iron and iron by hydrogen, sometimes adding powdered iron for variety's sake. It was not he, however, who wrote for "Stick Licorice," "Big Stick." Emulsion of lycopodium was prescribed once.

"My Liniment" is a style of specification that is frank but not common.

Batley's Sedative and Abernethy's dinner pills may have been known to our older members, but are not to the younger. Powders were frequently colored with Armenian bole, and by prescribing "half a powder" at a dose the charge for the prescription could be reduced from "three levies" to "three fips." The prescriptions were priced in multiples of 6¼ cents, and this was not infrequently the charge.

Mixtures directed to contain "sugar and ess. peppermint to season" twice occurred. A single pill was often prescribed and a very large number of pill masses contained volatile oils. In one instance pills were directed to be coated with collodion, and the silver salts were frequently prescribed in pills with oxidizable substances without seeming precautions. We find preparations for the eye, like solution of borax and ointment of a mercuric oxide, were used then as they are today. Ointment of galls and opium was as popular then as now.

It is gratifying to know that our bald-headed friends of 1859 enjoyed the benefits of the mixture of Tr. Cantharidis Aromatic, Spts. Ammonia, Ether, Bay Rum, etc., just as in our generation they profit by its use.

Beyond and above all other items the most encouraging fact established is that galenicals such as can be prepared by any competent pharmacist are still largely used. Four hundred and sixty times were these ordered in the series of

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1899, exclusive of extracts and fluid extracts, and without these more were employed this year than were ever before used. Here, where the pharmacist's best and most scientific work is done, are opportunities offered him, in spite of proprietaries, in spite of specifications, in spite, even, of—tablets.

Correspondence.

EYE AND EAR WORK IN EUROPE.

LONDON, September 20, 1899.

Editor of the Maryland Medical Journal:

Dear Sir—As you so kindly asked me to send you some of my impressions of this great land, I feel it about time to report. Of course, my studies have led me mostly into the eye and ear clinics, but I have tried at the same time to keep my eyes open and to get a general idea of all the work going on around me.

My first stopping place for study was in Munich, where I saw some very fine clinics and some beautiful operating done by Professors Berger, von Rothmund Oeller, who is the author of the most beautiful atlas of eye-grounds I have ever seen, and Duke Karl Theodor. All of them received me very kindly and gave me every opportunity for investigating their methods. What struck me most here was that all applications to the eyes are made standing up, which seems to be a favorite position all over this country for this work, and most of the refraction work is done in the same manner, both patient and doctor standing. In our country we often find such cases very tiresome and fatiguing even sitting down, and I felt very sorry for the poor patients, who had probably walked miles to get to the hospital that same day.

In Vienna the opportunities for medical study in every line are enormous. In one hospital alone, the Royal General Hospital, there are 2700 beds and about 3000 daily visitors from outside; so you can see what an immense amount of clinical material one finds to work on. Then, most of the instructors are very kind and cordial, and seem anxious to give you every facility for study of special cases. You can follow up your investigations through all the different laboratories and get a complete history from the moment of entrance to the microscopical slide or pathological specimen. The clinics are beautifully arranged for study; usually you will see a long line of patients, with charts, drawn in colored crayon, pinned to each one, showing the exact picture of his ear, eye or nose condition. Then, after the students have studied these carefully, the instructor will go over each one again and explain all special points. The best clinics I attended here were those of Professors Fuchs and his assistants, Hanke and Schwarz; Schwabel's, Politzer's and Stoerk's, all at the General Hospital, and those of Professors Klein and Reuss, Chiari, Hjak and Urbanischitsch, in the Polyclinic. I was particularly struck with the large size of the eye instruments used here and the consequently large sections made in all operations.

Berlin has a number of large hospitals, but those of special interest to me were the fine clinics of Professors Hirschberg, Schweiger and Silex in eye work, and those of Jansen, Lucac and Trautman in the ear. The mastoid operations of Dr. Jansen are a great treat to see, as is also the beautiful eye work of Dr. Hirschberg.

In Paris I saw some very fine operating on the eye by Panas and Trousseau, both of whom have very large clinics.

I am now in London, working in the new Royal London Ophthalmic Hospital, where, in their old building, about half the size of the present one, they treated in 1898 over 2500 in-patients and 27,000 out-patients, with a total attendance of 110,000. It is a magnificent building and completely furnished with every appliance for eye work. It is wonderful how many American physicians you meet here and in Vienna. Almost every day some familiar name is heard as they are announced at the clinics. Have met Drs. Hermann Knapp, Noyes, Roussa, Ziegler and a number of other of our shining lights.

It is a great treat here to see the beautiful operating of such men as Nettleship, Tay, Tweedy, Silcock, Lawford and Morton, all of the ophthalmic staff, and it is

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also very interesting to visit the many old hospitals, all with great histories attached to them, such as St. Bartholomew's, founded in 1123 by Rahere, and where Harvey, the discoverer of the circulation of the blood, was an attending physician for over thirty-five years.

Among the many well-known names we notice among its teachers Pitcairn, Abernethy, Brodie and Paget.

St. Thomas' is also of great interest, having been founded in the year 1207. It now occupies a number of very fine buildings, built in a row on a fine terrace overlooking the Thames, and all connected by corridors very much like our Johns Hopkins Hospital at home, but not to be compared with it, of course.

All the leading surgeons give several hours every morning at their offices to charity patients in addition to their hospital clinic. I have seen no one do the simple operation for cataract; all use the combined method, with an iridectomy. Most of the surgeons try to remove the capsule with forceps. The nurses over here are not near so young or attractive as ours are, and I did not hear of a single love affair between them and the doctors, as is becoming such a serious question in our hospitals. Great attention is given to the preparation of patients for operation and to bandaging and dressing afterwards.

This is a queer country over here, and so are its people, but I suppose they think us Americans a wee bit queerer still. Everything goes to the left; you hear no car bells—always small whistles instead on the engines; you see no fences anywhere—all hedges; no water, unless you beg for it—always beer, wine or whiskey; the steamboats have smokestacks on hinges, which just tilt over on deck when passing under a bridge; the horses eat bread or oatmeal gruel; the women do most of the work, even to carrying the hod and street paving; men raise hats and bow profoundly to each other, but very rarely to a lady, and distances are always given in time, never in miles.

Our trip up the Rhine from Cologne was one continued pleasure as we steamed along, passing castle after castle, perched far above us on seemingly impenetrable heights. Some of them were very beautiful, moss and ivy-covered towers, and the old dukes and lords who occupied them ages ago must have had some beautiful views from their summits, but they seem to have spent the most of their time watching for an enemy or keeping an eye on their neighbors.

The scene as we drove through the valley of the Rhone was one I shall never forget. It is the garden spot of Switzerland, as Lake Como is of Italy, and with the thousands of reapers in the fields, mostly women and children, in bright-colored costumes and headdresses, and the poor cows hitched to the hay wagons to do the hauling, the river rushing along below, and the whole valley for fifty miles skirted by gigantic snow-capped peaks, it made a glorious picture.

Wishing you could all be with me to enjoy some of these sights, I am,

Very truly yours,

GEO. A. FLEMING, M.D.

Medical Progress.

THE NERVOUS EFFECTS OF SECONDARY SYPHILIS.—Fournier, in a clinical lecture (Journal of Cutaneous and Genito-Urinary Diseases), points out some of the results of secondary syphilis, which are very important owing to the fact that they are difficult to diagnose in the absence of distinct history, and from the fact that they are much more frequent in women than in men. The first of these is headache, which the author divides into three degrees. In the first it is troublesome, but does not interfere with the ordinary avocations. In the second this pain simulates almost absolutely migraine. In the third the pain is so severe as to render any exertion or employment impossible. It is accompanied by vertigo, ringing in the ears, and in many cases there may be a profound melancholia. The pain may be constant or intermittent. In the first it is more severe towards the evening; in the second form it comes on every evening between 5 and 7. This form of headache may last for periods varying from several days to several months. The importance of being aware of this possible result of secondary

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syphilis is, of course, the fact that anti-syphilitic treatment, more particularly mercurial, is followed by an astonishing relief of the symptoms. Another manifestation which the author describes is insomnia, which, like the last, is hardly ever met with except in women. In many instances this may be due to the pain already described, but in other cases there may be no headache or other symptom. The patient may pass several nights without sleeping. Lastly, a curious phenomenon met with in secondary syhpilis is asthenia. Like the other two symptoms, it is almost confined to women. It may be so marked as to cause total inability to follow the ordinary avocations of life, and in extreme cases may give rise to utter prostration. There may be inability to stand or even to leave the bed. The heart-beats are extremely feeble, and the pulse almost imperceptible; the digestive system becomes markedly torpid. There is a dullness of perception affecting all the senses, and trophic functions are greatly in abeyance. The writer says that this symptom, though more common than the other two, is apparently more frequently misunderstood. Thus malignant disease, tubercle, different forms of anemia, etc., have been diagnosed. Of all these, tubercle seems to be the most frequent mistake on account of the sweating, wasting, and even slight pyrexia, but the absence of physical signs should prevent such an error in diagnosis. Anti-syphilitic treatment is rapidly followed by satisfactory results. Less important, perhaps, than the symptoms just described is the occurrence of vague neuralgic pains, which may affect the sciatic or different branches of the fifth nerve. When this last is the case it is generally the supra-orbital branch. The writer, therefore, points out the importance of trying anti-syphilitic treatment, more particularly preparations of mercury, in many cases of anomalous neuralgic pain.

* * *

ANEURISM OF THE AORTA.—In considering a number of cases of aortic aneurism as seen in practice, Drs. H. A. Hare and C. A. Holden have carefully looked up the literature on the subject, and in recording their observations in the American Journal of the Medical Sciences say as follows:

"In concluding this paper, we may be permitted to call attention to several facts which we think are noteworthy: The first is the far greater frequency of this lesion in males than in females; second, the far greater frequency in involvement of the ascending portion of the arch than of the other portions; third, the fact that aneurism of the transverse and descending portion of the arch seems to be about equally frequent; fourth, that in a large proportion of cases death did not ensue from rupture, but from pressure by the growth; fifth, that syphilis does not seem to play as large a part as an etiological factor as is usually supposed, although this evidence is negative rather than positive, since it is possible that many of the cases which were assigned to trauma as the cause are really dependent upon syphilis, in that this disease had primarily weakened the aortic wall, so that injury readily brought about aneurism."

* * *

DELAYED SUTURING IN PACKED WOUNDS.—Köppen (American Journal of the Medical Sciences) calls attention to the fact that it is not good surgery to place stitches in the flaps of the wound, which it is necessary to pack with gauze. There are many reasons why this should not be done. If we are uncertain of our asepsis sufficiently to make it necessary to pack the wound, there is no logic in putting in sutures while the wound is septic. They may become infected and lead to stitch abscesses after the gauze packing has been removed and the wound closed; they will frequently become weakened, while the surrounding tissues may become the seat of a phlegmonous infiltration. The sutures can be readily inserted at a later period by the use of a eucaine B. solution—eucaine B. 0.1, salt 0.8, water 100. This solution anesthetizes the part sufficiently to permit the insertion of the sutures, and, in addition, permits the removal with a curette of the granulations that have formed, so that a more nearly primary union will be the result.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, OCTOBER 7, 1899.

Insects and Disease.

In very recent times there has been aroused the greatest interest in the connection between insects as the carriers of certain bacteria and parasites from animals to man. The greatest attention has been paid to the mosquito and malaria, and the work especially of Ross and Manson deserves careful reading. In the last volume of the *Johns Hopkins Hospital Reports*, just issued, Dr. George H. F. Nuttall, formerly of the Johns Hopkins University, but now of the University of Cambridge, England, devotes a large part of this report to the following subject, "On the Rôle of Insects, Arachnids and Myriapods, as Carriers in the Spread of Bacterial and Parasitic Diseases of Man and Animals."

It has always been taken for granted that flies could carry dirt and, perhaps, bacteria, and, indeed, serious wounds have been caused by the bites of flies which have been feeding on carrion flesh; but there has, until recently, been wanting any evidence that disease could be so carried.

Dr. Nuttall records a large number of experiments which have been carried on to prove or disprove what has heretofore been in question. Anthrax is a disease which can be carried by flies; fleas and bedbugs may also cause infection. There is also a close connection between a certain kind of small fly and Asiatic cholera. Flies may carry tubercle bacilli, and investigators have been able to kill guinea pigs and other animals by inoculating them with flies which have been feeding on tuberculous sputum. Some forms of ophthalmia in the East are certainly caused by a small native fly. One of the most interesting sections in this report is on malaria, and while much of the work is a compilation, it shows what has been done in this especial department, and tells not only how malaria may be carried, but gives good, practical hints how to rid a neighborhood of mosquitoes and also malaria. The bibliography of this report is most exhaustive and excellent.

This subject will form a new toy for bacteriologists, and now insects and birds, too, will be studied to see what their connection is between man and disease.

* * *

Prescriptions, Now and Formerly.

Of especial interest is the paper in this issue by Mr. Henry P. Hynson, a practical pharmacist and a man who is in touch with the profession. Having several years ago bought out the prescription files of the late N. H. Jennings, who, for about forty years, conducted one of the most popular drug stores on Charles street in Baltimore, Mr. Hynson had unusual opportunities of studying the style of prescription-writing from the year 1855 to the present time.

In years gone by there were a few physicians in Baltimore who had the cream of the practice, and it was considered better form to die under the hands of one of these reigning medical favorites than to be brought back to life by an unknown physician, however skillful. It was in those days that these fashionable physicians used to send their prescriptions to Jennings, and hence the curious prescriptions which were sold when Mr. Jennings died would interest any physician. Mr. Hynson's statistical report of the drugs and combinations used then and now has been noticed in almost every drug journal throughout this wide country—the changing character of the prescription, from the nauseous mixture to the more refined pill, capsule and tablet. While he deprecates the use of proprietary medicines in such quantities, especially when their ingredients are not always known, he also cheers us up with the statement that good, classical prescriptions are written now. The article is not long, and will prove of great interest.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 30, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	6
Phthisis Pulmonalis	1	23
Measles	1	..
Whooping Cough	5	..
Pseudo-Membranous Croup and Diphtheria.	54	5
Mumps	1	..
Scarlet Fever	9	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	*20	10
La Grippe	..	..

*2 cases mported.

Yellow fever is said to be beyond control in Mississippi.

Hospitals are gradually adopting automobile ambulances.

The recent frost will stop the progress of yellow fever.

The Clinical Society met last night and elected officers.

Dr. James J. Mills has removed his office and residence to 853 Park avenue.

The Woman's Hospital, which has been closed during this summer, is open again.

Fear of war has caused a postponement of the meeting of the South African Medical Congress.

The Hebrew Hospital has received $500 through the will of the late Mr. Henry Marcus of Baltimore.

It is possible that the Infectious Disease Hospital for Baltimore will be built near Bayview Hospital.

The thirtieth annual session of the Medical Society of Virginia will be held at Richmond October 24, 25 and 26, 1899.

Dr. J. M. T. Finney has removed his office from 923 North Charles street to 1300 Eutaw Place, corner of Lanvale street.

Dr. Louis W. Crampton, major U. S. A., who has heretofore been stationed at Fort McHenry, has been ordered to Manila.

Philadelphia may have filtered water soon, the sand-filtration plant having been recommended by a board of experts appointed to consider the best way to improve the water supply of that city.

The address at the Dewey Festival Exercises of the Grammar Schools of Harlem, New York city, was delivered on Thursday, September 28, by Dr. John C. Hemmeter of the University of Maryland Medical School.

Diphtheria and scarlet fever are becoming quite prevalent in Chicago, especially since the opening of the schools. The health authorities say that the outbreak is a result of neglect of the school authorities, while the latter deny this.

Dr. Pearce Kintzing succeeds Dr. I. R. Trimble as professor of anatomy at the Woman's Medical College, and Dr. A. Duval Atkinson succeeds Dr. Charles O'Donovan as professor of diseases of children in the same institution.

The New York Chamber of Commerce, through a committee, has raised $100,000 as a memorial fund to the late Colonel Waring. The interest on this sum will be given his family, and at their death the principal will be used to endow a chair in Columbia University, to be known as the Waring Municipal Chair.

Six women have so far entered the freshman class of the Johns Hopkins Medical School. There are now thirty-five women in the school, fourteen being in the graduating class, and seven so far have obtained degrees. Fifty-three new medical students have so far been enrolled, of whom eight are from Baltimore.

The students of medicine and dentistry of Baltimore met at Y. M. C. A. Hall last Thursday night, when Rev. Maltbie D. Babcock and Dr. S. C. Chew made addresses. Refreshments were served and music rendered by Dr. B. Merrill Hopkinson and others. The affair was under the auspices of the intercollegiate committee.

Dr. John G. Clark, associate in gynecology at the Johns Hopkins University, has been elected professor of gynecology in the University of Pennsylvania to succeed Dr. Charles B. Penrose, resigned. Dr. Clark is a graduate of the University of Pennsylvania in 1891, and for six years past has been connected with the Johns Hopkins Hospital.

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Washington Notes.

The following changes have been made at the Emergency Hospital: Dr. William E. Whitson has succeeded Dr. Jesse L. Adams as resident physician; Dr. Welton C. Williams and Dr. Charles G. Smith have been appointed first and second assistant residents, respectively.

At the Medical Society of the District of Columbia, Wednesday evening, October 4, the following physicians were elected to membership: Thomas Dowling, Columbian University, '98; Robert Scott Lamb, Howard University, '98; Wallace Neff, Medical College of Ohio, '79; W. E. Whitson, Columbian University, '98.

Dr. A. B. Richardson of Massillon, Ohio, has been appointed superintendent of the Government Hospital for the Insane, filling the vacancy caused by the death of Dr. W. W. Godding. Dr. Richardson is a native of Ohio and a graduate of Bellevue Hospital Medical College. In 1881 he was appointed superintendent of the Hospital for the Insane at Athens, Ohio; in 1892 was made superintendent of Columbus Asylum for the Insane, and in 1898 was made superintendent of the State Hospital for the Insane at Massillon, Ohio.

At the regular meeting of the Medical Association of the District of Columbia the following candidates for membership were elected: J. Lee Adams, Jr., Georgetown Medical College, '98; John R. Atwell, National University, '98; W. Ashby Frankland, Columbian Medical College, '96; Harry Hurtt, University of Maryland, '95; Chas. H. James, Columbian Medical College, '97; Paul E. McDonald, Columbian Medical College, '98; J. Preston Miller, Medical College of Ohio, '78; Frederick H. Morhart, Columbian Medical College, '98; Henry A. Polkinhorn, Medical-Chirurgical College, '96; Daniel B. Street, Jr., Columbian Medical College, '97; William F. Wagner, University of Pennsylvania, '90; C. Stanley White, Columbian Medical College, '98.

REPRINTS, ETC., RECEIVED.

Appendicitis. By H. O. Walker, M.D. Reprint from the *Physician and Surgeon.*

The Etiology of Sea Sickness. By Wm. Edgar Darnall, M.D. Reprint from the *Journal.*

Iritis—Its Treatment; Strabismus; Mules' Operation. By L. Webster Fox, M.D. Reprint from the *Medical Bulletin.*

Twenty-third Annual Report of the Managers and Officers of the New Jersey State Hospital at Morris Plains for 1898.

A Report of Four Cases of Epidemic Cerebro-Spinal Meningitis. By José L. Hirsh, A.B., M.D. Reprint from the *New York Medical Journal.*

Index Catalogue of the Library of the Surgeon-General's Office, U. S. Army. Authors and Subjects. Second Series. Vol. IV., D—Emulsions. Washington: Government Printing Office. 1899.

Book Reviews.

ELECTRO-HEMOSTASIS IN OPERATIVE SURGERY. By Alexander J. C. Skene, M.D., LL.D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, etc. Pp. 173. New York: D. Appleton Co. 1899.

This is a monograph printed and published in beautiful style. It is more of a supplement to the third edition of the author's work on diseases of women. After an introductory chapter there is given a description of the instruments used. First comes the electrical forceps and then an explanation of its use, and cuts of the condition of the artery ends after hemostasis and desiccation. Then come ovariotomy, myomectomy, abdominal hysterectomy, ovario-salpingectomy, appendectomy, uterine cancer and other diseased conditions. In the last chapter asepsis and antisepsis in surgery are considered. There are eighty illustrations.

MINOR SURGERY AND BANDAGING. By Henry R. Wharton, M.D., Demonstrator of Surgery in the University of Pennsylvania. New (4th) Edition. In one 12mo. volume of 594 pages, with 502 engravings, many being photographic. Cloth, $3.00 net. Philadelphia and New York: Lea Brothers & Co.

Very little more can be said of a book that has been so popular and that has been noticed here before. In addition to a complete and careful revision the author has added a chapter on surgical bacteriology and one on operations on the cadaver. The illustrations are numerous and excellent.

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Original Articles.

NEURALGIA IN THE LEFT EYE FOLLOWING THE GRIPPE.

By T. Chalmers Peebles, L.R.C.P. & S.I.,
Lutherville, Md.

W. G., age 28; a house carpenter by trade; after a mild attack of the grippe was taken with a severe pain in the left eyeball, on January 9, 1899. Towards the afternoon the pain subsided, but returned with greater volume at 5 A. M. on the 10th. He described the pain as excruciating and as if the eyeball was being gouged out of its socket. The attack came on daily for eleven consecutive days, the pain commencing over the left brow with a full, throbbing sensation, and after a while was accompanied by a watery discharge from the left nostril, but the nostril never was closed and the breathing was free through it all the time.

There was no apparent constitutional disturbance; the temperature remained normal as well as the pulse. I have known the patient for many years and in 1893 I attended him through a very severe attack of typhoid fever, from which he made a good recovery, although somewhat delayed by phlebitis in the right leg.

Treatment—On the first day five-grain doses of acetanilid in hot water, repeated hourly, relieved the pain in three doses. Second day the above treatment failed to give any relief, neither did any local application, including ice, heat, chloroform, etc. I gave a hypodermic injection, morphia 1-6th grain, atropia 1-180 of a grain. Complete relief came in half an hour. Directions were given that the patient should take 16 grains of quinine at intervals before the time for the pain to return, but it came on time all the same and even more severe; in fact, the young man's parents became alarmed at his intense sufferings and thought he would die if not soon relieved. One-third of a grain of morphia was given hypodermically and one ounce of chloroform inhaled, but the pain reappeared when the influence of the chloroform passed off. After waiting one hour a second hypodermic of the same strength was given and complete relief followed for twenty-four hours, but as a consequence of the large doses of morphia I had a night call to pass a catheter to empty the bladder.

January 17—This brings us up to the seventh day of the trouble. I now determined to press the quinine, giving it all through the night, so that the patient had taken 32 grains before the expected return of the pain. On the morning of the 18th I found him fully under the influence of the quinine, and as the pain had not returned on time I stayed with him and gave him five-grain doses of caffein citrated at intervals of a half-hour. The pain came an hour late and not nearly so severe, but on the 19th and 20th, although he had 16 grains of quinine before the attack, the pain returned with double fury, requiring two hypodermics an hour apart before relief came, followed by the use of the catheter again at night.

This line of treatment was becoming highly monotonous and unsatisfactory, so I placed my patient on ten-drop doses of tincture of gelseminum every second hour and reduced the quinine to 12 grains before each spell. This proved success-

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ful; the returning pain became less each day until it left. Gelseminum has been very useful in my hands in cases of facial neuralgia, especially when the pain is in the region of the upper jaw, and in certain forms of headache.

ACUTE INFLAMMATION OF THE MIDDLE EAR—HOW SHALL WE TREAT IT?

By H. O. Reik, M.D.,

Instructor in Ophthalmology and Otology, Johns Hopkins University.

REPORT OF REMARKS MADE BEFORE THE HOWARD COUNTY MEDICAL ASSOCIATION AT ELLICOTT CITY, JULY 6, 1899.

In selecting for my talk this afternoon the topic your president has announced, I was moved by two considerations. In the first place, I am frequently asked by physicians, "What is the best thing to do for an earache?" or "How would you treat an ear after it begins to discharge?" Secondly, since the general practitioner sees these affections in their early stages so much more frequently than does the specialist, you may be able to give more valuable information than I can in answer to the first question, and I hope my efforts may result in bringing out discussion particularly along that line.

It may not be out of place to consider first, briefly, the etiology and pathology of acute otitis media, for these naturally have an important bearing on our treatment. An acute inflammation of the middle ear may, of course, occur at any period of life, but by far the largest number of cases are seen in children. It is probably one of the most important diseases of the ear, not only because of its great frequency, but because of the serious effects it may produce upon the ear and its surrounding structures, at times even placing life itself in jeopardy. About 35 per cent. of all diseases of the ear belong to this class, and as the majority of these cases go on to the chronic suppurative stage, one has only to recall the anatomical relations of the middle ear to realize the dangers that attend every neglected case.

As to the etiology, I suppose one may safely say that the inflammation is almost always due to infection, and that in most instances the organisms gain entrance to the middle ear cavity from the throat by way of the Eustachian tube. It is true that a large proportion of cases are associated with the exanthematous diseases, and that these require a somewhat different explanation; it is probable that we have here to deal with toxic material circulating in the blood, and the otitis is merely a local manifestation of the general disease. As an instance of non-bacterial inflammation we possibly have some cases produced by the action of cold, as from diving under water or from exposure to cold winds, rain or snow.

The organisms most frequently found are the staphylococcus and streptococcus pyogenes aureus, the pneumococcus and the tubercle bacillus. The worst cases, and by that I mean the ones most likely to become chronic and to destroy the surrounding bony tissues, are those caused by scarlet fever, measles, diphtheria and epidemic influenza. During the past few years we have seen many more cases associated with influenza than accompanied former epidemics of this disease, and many of them have been of a most serious character.

One other class of cases remains to be mentioned, which is composed of those children who complain of frequent, usually not severe earaches, lasting for a few hours or a day, then passing away without suppuration, but recurring on the slightest provocation. In most of these an examination of the throat will disclose a low grade of catarrhal inflammation or enlarged tonsils, or, perhaps more frequently, a growth of adenoid tissue in the naso-pharynx. This growth may be in such a position as to interfere with the functions of the Eustachian tube, especially if any little change in the atmosphere causes it to become congested.

The first symptom of middle-ear inflammation noticed by the patient is usually a sense of fullness in the ear, followed by pain, which may be felt not only in the ear, but over the whole side of the head. It is apt to become worse at night and to prevent sleeping. A severe ear-

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ache is a pain of the most excruciating character and demands prompt measures of relief. Occasionally, though not often, an ear may be the site of an acute inflammation that goes on to the stage of discharge before the patient is aware of it. In such cases we may suspect tuberculosis. In cases that do not receive prompt attention pain is apt to continue until rupture of the drum membrane takes place, when it promptly subsides, and we soon notice the presence of a purulent discharge in the external auditory canal.

An inspection of the ear during the early period will show you a drum membrane intensely congested and, a little later, perhaps at some point a distinct bulging outwards. The patient may also complain of noises in the ear of a hissing or crackling nature. The temperature, especially in young children, may be very high, as high as 103° or 104°, and, in infants who are restless, crying, unable to sleep or take food, and with abnormal temperature without any apparent cause, it is always well to examine the ears. A child will not always make the diagnosis by waving its hand about the ear. In older children or adults, if you do not find a reddened tympanic membrane, the pathognomonic sign of acute middle-ear inflammation, it would be wise to examine the teeth. A carious tooth is frequently the reflex cause of an earache which baffles all other treatment than removal of the tooth.

Now, how shall we treat these cases? As I have said before, pain is to the patient seemingly the most important feature and it demands our immediate attention. The patient wants relief and wants it at once. This can best be attained by local blood-letting. If on examination you find the tympanic membrane red and bulging, it should be immediately incised at that point. For this operation you need good illumination of the ear and a sharp instrument. The ordinary head mirror, with either good daylight or bright artificial light, will thoroughly illuminate the canal and leaves both hands free to manipulate the auricle and instruments. Most of you carry in your pockets a small lance for taking a blood drop for examination, and if sharp, this will answer very well as a paracentesis knife. It should, however, not only have a sharp point, but sharp cutting edges, for we are no longer satisfied with a mere puncture of the drum, but desire a long free incision which will permit of good drainage of the tympanic cavity. The canal should first be cleansed as thoroughly as possible by syringing with soap and warm water, followed by an antiseptic fluid, and then dried out with absorbent cotton. The speculum and knife should, of course, be sterilized. Allow free bleeding and even encourage it by warm applications. For this purpose a fountain syringe or douche is best, but the ordinary hand-bulb syringe will do. The water used should have been boiled and is to be used as hot as can be borne; not less than a quart should be used at a time and the syringing may be repeated frequently as long as pain remains. When there is not a distinct bulging of the membrane it is often very difficult to decide whether a paracentesis should be done, but I think one errs on the safe side in following the general surgical rule to cut wherever you have cellulitis or pent-up inflammatory products. In such a case the incision should be made from above downwards, in the posterior-inferior quadrant, as this secures the best drainage.

One other very useful means of bleeding is the old measure of leeching. This has been a favorite practice with me and I have frequently seen a patient who had been kept awake by pain from thirty-six to forty-eight hours fall asleep within a few minutes after leeches had been applied. They should be put on behind the auricle, one near the tip of the mastoid process and one over the site of the antrum (about on a level with the upper margin of the external canal). Bleeding should be allowed to continue for some time after the leeches fall off and only stopped in the event of alarming weakness. Here also the hot water douching of the ear will aid in securing relief. If this does not seem to give the desired comfort it is best to immediately incise the drum membrane. The next step is attention to the general system. Almost

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always the administration of broken doses of calomel will be found beneficial. Whatever measures may be necessary should be taken to keep the nose and throat clean and to dispose of the possibility of any further infection from that region. Tonics and alteratives will be found useful in some cases.

I question the value of local remedies poured into the ear. The drum membrane has an epidermal covering and absorption is necessarily poor, so I am inclined to agree with those who believe that these remedies do good, if at all, "rather through the application of heat and moisture than through any therapeutic action of the drugs." Syringing the ear with large quantities of hot water repeatedly would probably do as well. Sometimes, however, these remedies must be relied upon, as the patient will not submit to paracentesis and leeches are not at hand. The best application is probably that suggested sometime ago by Dr. Theobald: Cocaine murias gr. ii, atrop. sulph. gr i, aq. dist. 3i; or, cocaine (alkaloid) gr. ii, atropia (alk.) gr. i and oleum amygdalae dulc. 3i. Warm and pour eight or ten drops in the ear.

When suppuration begins the pain usually disappears and the only treatment then required is cleanliness. Syringe the ear carefully and thoroughly with boiled water or solution of boracic acid or weak solution of bichloride, and carefully dry the canal by means of absorbent cotton on an applicator. This may be repeated several times a day, according to the amount of secretion. If the discharge is not easily controlled in this way the patient should be submitted to a special examination. Do not allow these cases to run on for months and years without effectual treatment. It is true that some people amongst us are apparently healthy and comfortable with a suppurative ear that has discharged more or less continuously for many years, but that does not alter the fact that every such ear is a constant source of imminent danger to its owner and a possible source of infection for his neighbors.

SARCOMA OF THE CHOROID.

By James J. Mills, M.D.,

Assistant in Ophthalmology and Otology in Johns Hopkins Hospital; Consulting Oculist Baltimore City Insane Asylum.

SARCOMA of the choroid is the most common intraocular tumor of adult life. It is most usually found from eighteen years to old age. It may, however, occur at an earlier period than this. The most common intraocular growth of infancy is glioma of the retina; this usually occurs within the first year of life.

Sarcoma of the choroid is primary in origin, and more or less deeply pigmented. It affects one eye. It may grow from any part of the choroid, is usually knob-like in shape, and grows towards the center of the eye. The free surface will be usually found completely covered by the vitreous lamina and uveal pigment, and even the chorio-capillaris can often be traced. The growth is almost entirely composed of pigment-containing cells, with a trifling quantity of intercellular substance. The blood vessels are thin-walled, and extravasations of blood are frequently present. The cells are mostly long or short spindles, with a single nucleus in the center, the ends tapering off into fine filaments. They are often arranged in a whorled manner around the vessels, mapping out the growth into rounded areas, with a cross-section of a vessel in the center of each.

This disease is believed by most observers to occur with equal frequency in both sexes, though many assert its greater frequency in males. In looking over my private records I find it about equally divided between the two sexes. I have not kept a record of those seen at the hospital, but so far as my memory serves me, I believe males were more frequently affected than females.

This disease can in no way be traced to heredity, nor to injury of any kind. We often find the patients enjoying the best of health. The growth usually starts in the larger vessels, and extension, when it occurs, takes place by vascular channels. There is seldom any implication of the lymph glands. In the early period of

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the growth the tension is normal or subnormal, the eyes free from inflammation or opacity of the media. This stage generally lasts about one year, but may in exceptional cases last five or six years. The second stage is marked by increased tension, injection of the bulb with opacity of the media soon following. Lastly, the growth burst through the eye, the tension is reduced, and if the rupture be not too far back the mass will be seen. The chief point we shall have to decide in any case is, are we dealing with an intraocular growth or some condition resembling it?

My experience has been that the patient has not become aware of the defect in his sight until the tumor has become quite large. When central vision is abolished he consults the oculist. There may be no pain even yet. When sarcoma occurs at the posterior pole of the eye, or near the ciliary region, the growth is closely invested by the retina, no serum intervening and direct inspection of the tumor with its vessels renders the diagnosis unmistakable. The growth may be observed, usually, by the aid of the ophthalmoscope. If situated close behind the crystalline lens, the oblique illumination will reveal a prominence, varying from a yellow tint to brown or deep black. The retinal vessels can be traced over its surface, and below there may be frequently noticed vessels belonging to the growth. If situated in regions other than the posterior pole or ciliary region, serum nearly always intervenes between the growth and the retina. This makes a diagnosis often difficult or impossible. This causes the difficulty in diagnosing the early stage of the tumor, and might easily be mistaken for spontaneous detachment of the retina. Some observers have looked upon the serous exudation as coming from the tumor, but in reality it is caused by pressure upon the vena vorticosa. This would explain why there is no effusion when the growth is far back or far forward, because there are no emergent vessels in either of these regions. Further, the retina in the region of the ora serrata is firmly attached to the choroid; elsewhere it is but loosely attached.

As a rule, we have serous effusion. This, as before explained, occurs in growths about the equator and for reasons already given.

Griffith of Manchester, England, mentions having seen several large intraocular sarcoma growing from the equatorial regions, in which there was a most intimate union between the growth and overlying retina, probably due to adhesive inflammation, the attachment being so complete that even in microscopical sections it was not freed. In such cases the diagnosis would not be difficult, even though the retina was elsewhere extensively detached.

In case of detachment of the retina occurring in one eye only, where there is no history of a blow or jar of any kind, where there is no myopia, etc., the case may be looked upon with suspicion.

In the early stage, as before mentioned, the tension is not elevated, but, as the growth increases in size, a high tension becomes apparent. The ophthalmoscope should be used from time to time, and the oblique illumination, with a strong light, frequently employed.

I have in mind a lady, about thirty years of age, who called upon me for the purpose of having her eyes examined for glasses. She had been to see an optician a few months before, who promptly furnished her with glasses. She said the sight in her left eye had been failing for about a year, and completely disappeared about three months before the present visit. She had for the past few weeks complained of some pain, though not sufficient to disturb her rest at night. Upon inspection, I found the eye to be slightly injected, pupil moderately dilated. The tension was decidedly plus. Upon oblique illumination, a dark-brown mass could be distinctly seen immediately behind the lens.

The retinal vessels over the mass could be made out, and some beneath belonging to the growth. The right eye showed a simple hyperopic astigmatism, but was otherwise normal.

I informed her of the gravity of the disease, and advised immediate enucleation, to which she submitted the following day.

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The growth proceeded from the posterior pole of the eye, coming forward and carrying with it the retina, with which it was invested. It occupied about two-thirds of the vitreous chamber. Upon examination, it was found to be a melanotic sarcoma of the choroid. Being limited to the interior of the eye, the patient made a good recovery.

[*Note.*—It is now two years last May since I removed this eye. Curiously enough, just after writing this her family physician sent to ask me the condition of her eye when removed. He said her liver was very much enlarged, and that both he and the surgeon called in consultation believed it to be a malignant growth. I have no doubt that this was a melano-sarcoma of the liver, the focal point having been in the eye.]

Mr. G., a patient in a ward of the Johns Hopkins Hospital, was referred to me for the removal of his right eye, which was shrunken somewhat and considerably injected; tender upon pressure; No sight for several years, and severe pain recently. He was emaciated and had a sallow, unhealthy appearance. I enucleated the eye, the hemorrhage being very profuse. A coal-black mass almost filled the orbit from behind; the vitreous chamber was occupied by the same growth.

I should have eviscerated the orbit at the same sitting, but the patient's condition did not warrant the risk, and, as his general condition became worse later on, I had no opportunity of completing the operation. The growth turned out to be a melano-sarcoma, with metastasis in the liver; for the latter condition he came to the hospital. The removal of the eye cleared up the diagnosis of the liver condition.

He left the hospital a few weeks afterwards, and I have not since heard of him.

This is the first and only choroidal sarcoma I have seen in my own practice with metastasis in the liver.

In sarcoma of the choroid the eye should be removed as soon as the diagnosis is made, the optic nerve being divided as far back as possible.

Sometimes we have a recurrence of the growth in the tissues of the orbit, and may have metastasis in distant organs, which usually end in early death. The cells are conveyed by means of the circulation.

Carcinoma of the choroid has also been observed. They differ from sarcoma from the fact that they often affect both eyes. They are always secondary, the primary growth being, as a rule, in the mamma, occasionally in the lungs or liver. They are light yellow in color, shell-like in shape, spreading far forward. Pain generally exists, and death takes place rapidly from widespread metastasis.

THE RUBBER FINGER-COT IN OBSTETRICS.

By A. K. Bond, M.D.,
Baltimore.

THE cot under discussion is the very thinnest of the finger-cots sold in rubber stores, and costs five cents. Having used it recently in obstetric practice, I am convinced that it deserves general adoption in such work. It protects that portion of the finger covered by it from all poisons. It protects the patient from infection with materials left on the finger by former cases. It glides easily into the vagina, and it seems not to bring away the lubricating mucus, as does the bare finger.

If the vulva be first washed (a point in regard to which untrained nurses must often be prompted), and between the labia, widely parted by the fingers of the other hand, a few folds of fresh gauze, or even a clean bit of soft muslin (four inches square), having a vertical slit, be laid, the finger, covered with a new cot dipped in strong carbolic solution and rinsed with boiled water, may be passed in through the slit without any contact with the lower vagina, and as complete an asepsis as possible is secured.

This is an exceedingly simple precaution, and is within the reach of every practitioner; nor does it excite that criticism and distrust which is elicited in ignorant families by elaborate antiseptic measures. If the upper vagina is supposed to be infected, of course the cot

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may carry poison upward therefrom; but it may be safely alleged that in most cases infection of the uterus, carried on the examining finger, is either from a former patient or from the vulva and adjacent parts of the patient herself. Both of these two latter sources of poisoning are eliminated by the method described.

In subsequent examinations during the same labor the vulva is to be washed again only if many hours have elapsed, or if there has been possible contamination by a stool; a fresh piece of gauze or cloth is of course taken, and the same cot, which has been carefully laid away and again disinfected, may be used.

Through the thin rubber covering the examining finger can appreciate perfectly the relations of the bony parts of the canal, and the resistance of the tissues forming its walls. It can estimate in ordinary cases the degree of dilatation of the os and the tension of the cervix. It can feel the bag of waters and the sutures of the head in simple cases. It would immediately detect a prolapse of the cord or of a limb. In other words, it suffices for ordinary cases of labor. In cases where extreme accuracy is demanded, or where the examiner distrusts his observations through the cot, the bare finger may at once be inserted.

These suggestions are not intended for the doctor who "does not believe in the germ origin of childbed disease," or for one who considers his work aseptic because he is the man who does it. They are intended for the doctor who believes that ordinary cases of labor ought to be followed by afebrile and uninterrupted convalescence, and who considers it his duty to guard every possible avenue of disturbance in that convalescence, yet who is hindered from elaborate precautions by the domestic circumstances of the patient. The writer believes that there is a vast amount of subacute illness after simple labors, and of imperfect or very slow return toward health (it may be of defective lactation), due to just such infections as are under consideration, and largely controllable by abdominal diagnosis of the child's posture and by such precautions as those just suggested in the few needful vaginal examinations.

When rectal aid is desirable in delivery of the head, a cot drawn on the finger (and afterward quickly pulled off with a towel by the nurse) saves the self-respect of the doctor somewhat and protects the vagina from infection by rectal matters. This latter is very important, as the "crowning" stage gives little opportunity for washing hands.

New rubber has considerable strength, and is not likely to break. With long disuse and in hot weather it becomes inelastic and very brittle.

It is hardly necessary to suggest that the measures above described are equally applicable and desirable in cases of abortion of all grades, where, it is to be feared, the profession at large has not as yet realized the danger of infection by their vaginal examinations.

The use of the finger-cot by the non-medical midwife will appeal to those who know the lower grades of this class of obstetrical examiners as a suggestion in a direction toward which anxiety for the welfare of mothers whose only fault is poverty frequently goes forth.

In minor surgery, for the digital exploration of unwholesome cavities, the thin cot has probably already been extensively used, although it is said to become too slippery for use in larger surgical operations. Thoughtful surgeons have come to the belief that the slightest exposure of their skin to infection is to be avoided; and moreover, that no matter how much they wash and disinfect their hands, the less of poisonous matters they get upon their fingers the better it will be for the patients who come after.

Society Reports.

BALTIMORE MEDICAL AND SURGICAL ASSOCIATION.

MEETING HELD OCTOBER 9, 1899.

DR. C. URBAN SMITH, president, in the chair.

Dr. W. F. A. Kemp read a paper on "Rheumatoid Arthritis," relating illustrative cases. Nothing is definitely known of the etiology. There is no specific in treatment. Tonics are beneficial. The so-called baking of the joints affords relief.

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Dr. John T. King read a paper on "Chorea." It is often associated with rheumatism and with cardiac affections. Overstudy, mental worry, pregnancy in young women and debilitating influences are etiological factors. It is more common in the female sex. He related typical cases. We are still in the dark as to the pathological nature of chorea. Treatment: Strychnia in enormous doses was given by Trousseau, different tonics and various other remedies have been advocated by different authors. Arsenic is one of the best.

Dr. James E. Gibbons: How does Dr. King differentiate between chorea and hysteria in the colored girl who barked like a dog, and in the second case between chorea and insanity? He recommends the tincture of cimicifuga and arsenic in the treatment of chorea.

Dr. John Neff related the cases of three girls who were attending school when the disease commenced. They were withdrawn from school and put to bed, and arsenic was administered.

Dr. John I. Pennington believes chorea to be a sequel of rheumatism rather than that rheumatism is a cause. If the two be allied, why do they not respond to the same treatment? Arsenic is the remedy *par excellence.*

Dr. Morris C. Robins had read recently that chorea was due directly to infection through the tonsils. Chorea of the larynx is a recognized affection.

Dr. A. K. Bond: Chorea is a self-limited disease. Put all the functions into order and build up the patient's strength. Some cases require rest in bed, and others call for fresh air. If the heart remains good, give outdoor exercise and fresh air. If the heart is in danger, put the child to bed. Watch the heart very carefully. Watch for rheumatic nodules.

Dr. J. T. King: The case of barking chorea was not a true case of Sydenham's chorea. The second case (that of a boy) was one of arhythmomania. He does not believe that rheumatism is the sole cause of chorea. He recommends rest in grave cases.

Dr. John D. Blake related the following recently told him by a gentleman, who said that he was the youngest of seven children. Between the ages of fifty and seventy both his father and his father's brother became blind. He also is blind. All of his brothers and sisters lost their sight. Two of his children have become blind. Dr. Blake thinks that it was some trouble with the optic nerve, probably atrophy. In every instance the affection came on gradually.

Dr. A. D. McConachie has noticed an hereditary influence in degeneration of the retina.

The association then adjourned.

EUGENE LEE CRUTCHFIELD, M.D.,
Secretary.

Medical Progress.

THE STERILIZATION OF DRINKING WATER.—Hygiene is on the eve of discovering an agent by which, says the Roman correspondent of the Lancet, the sterilization of drinking water may be effected thoroughly, quickly and economically. The tincture of iodine has been recommended, and certainly succeeds when the bulk of water is not great, and good results have been obtained in the well-known establishment at Lille for "the industrial sterilization of drinking water with ozone." The Rivista d'Igiene of Turin, however, has just indicated a "more excellent way" than either of these, to wit, "the sterilization of water by means of the peroxide of chlorine," which, it says, has already obtained a unanimous vote in its favor from the Consultative Committee of Public Hygiene in France. Peroxide of chlorine is a powerful and energetic oxidant, while its action as a bactericide is such that less than three grammes are sufficient to sterilize completely one cubic meter of water—even to destroy the "spora carbonchiosa." "This new Bergé process," according to the Rivista, "is very economical, the sterilization of a cubic meter of water costing less than half a centime." Put to the test at Ostend and at Middelkerke, it has yielded quite satisfactory results. One objection, it is true, has been made to it—its action is alleged to be efficacious only in the case of "drinking water not very impure." Further experiment must give the reply to this; mean-

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while Professor Henri Bergé (lecturer on chemical technology at the Brussels Polytechnic School) and M. Albert Bergé have succeeded in eliminating all danger of explosion in the preparation of peroxide of chlorine, which they obtain by treating at about 107° C. chlorate of potash with sulphuric acid. Moreover, in the Bergé process the water, after having been treated with peroxide of chlorine, must be passed over coke, which detains whatever trace of the oxide has remained in it. Every possible source of mischief is thus eliminated, and, as the Rivista believes (while not accepting the process as free from all objection), we are now in presence of a sterilizing agent which promises what public hygiene has long desiderated—a perfectly pure, innocuous drinking water.

* * *

A Step in the Direction of Superlative Radiance.—In an article in the American *x*-Ray Journal of recent date, Dr. Alex. L. Hodgdon proceeds to say that "ever since the intelligence of the most wonderful discovery of the age was flashed across the wires January 7, 1896, stating that Professor W. Conrad Roentgen of the University of Wurzburg had caused the forces of nature to give birth to a new form of light, investigators have ever been striving to increase the powers of penetration and brilliancy of this very beautiful type of radiant matter." He continues the subject in describing the conditions favoring increased and diminished radiancy, and as a matter of convenience makes use of the terms high-resistance vacuums and low-resistance vacuums, although he says after the spark has once passed through the vacuums it forms a very interesting subject upon which to reflect as to exactly what does take place within the *x*-ray tube, and says it seems hard to believe that a purely atmospheric vacuum can be diminished or increased by an electric spark passing through it from either of two directions, although the condition known as a low-resistance vacuum is supposed to be benefited by connecting the reflector end of the tube with the cathodal discharge, or doing what is known as running the tube backwards, while to overcome a very high resistance vacuum (and the higher the resistance vacuum overcome the more rapid the penetration) various methods have been proposed.

Hodgdon used a Toepler machine, which gives a current of very high voltage, and believes that the voltage is of great value and the current of very minor importance. The voltage of the electricity he uses being of a very diffusible nature, he considers it better not only to use the No. 16 rubber-insulated wire, but to still further prevent the escape of the electricity and force it through the tube by using rubber tubing as insulating from the prime conductors, and upon reaching the glass arms of the tubes drag the rubber conduits over them, and almost, if not quite, hold the heavy voltage which is so important in the generation of the *x*-rays.

* * *

Operations on the Heart.—The operations which have been performed for wounds of the heart, says the International Journal of Surgery, teach us that this most important organ is quite remarkably tolerant of surgical measures. It has been exposed, wounds of the ventricles have been sutured, and the pulling and pressure to which it has been submitted appeared to cause no disturbance of its function.

Pagenstecher recently reported a case of a 17-year-old lad, stabbed in the fourth left intercostal space. When seen a half-hour after the occurrence he was in syncope, pulseless, with scarcely perceptible respiration, but regained consciousness after admission to the hospital. The area of cardiac dullness kept on increasing. The operation, undertaken sixteen hours after the stabbing, revealed a wound of two centimeters in the pericardium. This was enlarged, and a wound of the left ventricle was exposed and sutured. The patient rapidly recovered.

We now have a record of ten operations upon the heart muscle, with six recoveries. This must be considered as a very large percentage, since the statistics given by Fischer give a record of 10 per

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cent. of recoveries under expectant treatment, although later statistics increase this to 20 per cent. It should not be forgotten, however, that the cases operated on were all bad ones, in which the urgency of the symptoms compelled the surgeons to interfere.

The surgical lesson taught us by these cases is that in instances of cardiac wounds, in which the patient shows no tendency towards very rapid dissolution, we are justified in exposing the injury and treating it according to general surgical methods, and that, at least in civil practice, this will give us results far superior to those obtained by non-interference.

* * *

CONGENITAL DEFECT OF THE BRAIN.—In the last volume of the Arbeiten aus dem Institut für Anatomie und Physiologie des Centralnervensystems of the Vienna University (part vi, 1899), issued under the editorship of Dr. H. Obersteiner, and quoted in the Lancet, an account is given by Dr. Lappert and Dr. Hirschmann of a very interesting case, medically and legally, of congenital defect of the brain. The child lived eleven days. In the necropsy which was made the following conditions were found: The spinal cord was well formed, except that the pyramidal tracts were absent and that some degeneration was found in the fibers of the posterior columns. There was a complete absence of the cerebral hemispheres, basal ganglia and superior corpora quadrigemina, together with the part of the cerebral peduncles related to these structures. The eyes were developed, but the optic nerves were atrophied. Sections of the spinal cord stained with carmine showed that the large anterior cornual cells were normal, a fact which would indicate that cerebral impulses coming down *via* the pyramidal tract fibers were not a *sine qua non* to stimulate development of these cells, and that their absence was not sufficient to cause an arrest of development. No sufficient explanation could be given of the presence of degenerated fibers in the posterior columns. The fact is interesting and noteworthy that a child without cerebral hemispheres should have lived to full term and survived for eleven days after birth, as in this case.

VOLVULUS OF ILEUM FROM BANDS AFTER APPENDICITIS.—Sacquépée (British Medical Journal) relates this case, where the patient was forty-one: In April, September and December, 1898, he had several attacks of colicky pain; appendicitis was diagnosed. Very severe obstructive symptoms occurred on and after January 10. For about ten days purgatives brought away a little motion and gas; then constipation was complete. For ten days this condition continued; the patient never vomited, nor was feverish, but grew very thin. On January 31 Robert operated. The great omentum was found adherent to the right iliac fossa; there was much adhesive peritonitis, making coils of intestine into a large packet. The sigmoid flexure was normal. The vermiform appendix was very thick. It ran astride the end of the ileum, to which it adhered firmly. It was detached and resected. Then a careful attempt was made to free the adherent coils of ileum adjacent to the cecum, but in separating a dense band the ileum was torn. The patient was so exhausted that it was not thought safe to make an anastomosis between the ileum and the colon. The opening in the ileum was simply fixed to the abdominal wound. The patient died on the eighth day. Two abscesses had developed just below the opened portion of the ileum. At the necropsy the adherent mass of small intestine was found bound by bands, some very dense, all traced to the region of the vermiform appendix.

* * *

HYPODERMIC FEEDING WITH YOLK OF EGG IN ANEMIC CHILDREN.—Muggia of Turin (British Medical Journal) has for some time treated children suffering from anemia and athrepsia by the hypodermic injection of a preparation of yolk of egg. Freshly-laid hen's eggs are taken and carefully washed before opening. The yolks are received into a sterile glass vessel, and are weighed and then mixed with one-third of their weight of physiological salt solution. The mixture is then thoroughly stirred up with a glass rod and filtered through aseptic absorbent gauze. The liquid thus obtained is of a bright yellow color and of homogeneous consistency, and can be used for hypodermic injection. It is well to begin with an injec-

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tion of about 1 c. cm. made into the buttocks or the lumbar region, and, provided asepsis is strictly observed throughout, there is no local or general inflammatory reaction. The region of injection should be slightly massaged. The quantity of hypodermic injection is gradually increased till a limit of 10 c. cm. per injection is reached. The duration of treatment varies according to each case, but in any case not less than 100 c. cm. (twenty injections of at least 5 c. cm. per dose) should be administered. According to Muggia's observations, it appears that both the body-weight of the children and the percentage of hemoglobin in the blood increase in the case of athrepsic infants. The number of red corpuscles also rises, and this occurs much more readily than if lecithin were administered in the same way.

* * *

THE APPENDIX IN THE QUIESCENT PERIOD.—Lanz (British Medical Journal) states that an appendix externally to all appearance normal, internally may have undergone such important changes that the life of its possessor is in constant danger. Hence it should be the rule to remove every appendix, whether externally normal or not, when the symptoms have justified an operation. The following case supports this view: A young girl was brought to the author with a history of having had seven attacks of typhlitis, three of which were severe, with high fever and vomiting. On July 31, when the resistance in the right iliac fossa had disappeared, the abdomen was opened, and, though there were no adhesions, and the cecum and appendix appeared to be perfectly healthy, the appendix was removed. When slit open, two strictures were found, one of which consisted of a cicatricial thickening of the whole thickness of the walls, the other of a circular granulating ulcer of the mucosa. There was no enterolith. Eighteen months later the patient was well, and there had been no return of the former troubles.

* * *

SULPHATE OF DUBOISIN IN PARALYSIS AGITANS.—X. Francotte, in Medicine, gives the results of his treatment of twelve cases of paralysis agitans with duboisin. In nine of the cases there was a marked amelioration in the symptoms, though, of course, there was no case which could be considered cured. The drug seemed to exercise an especially favorable influence over the rigidity, and in the cases which it helped the tremor was much decreased. The drug was used in the form of granules, which contained half a milligramme each; these were given two, three or six daily, according to the physiological effects. The drug was held at its full dose for a long period of time. Marked tolerance for the drug was not established, and its favorable influence seemed to continue nearly as long as the administration. Two of the cases treated were not improved, and these showed marked intolerance of the drug from the beginning.

* * *

INTOXICATION OF PHYSICIAN.—The fact that the fatal treatment may have been superinduced by drunkenness, says Mr. Arthur N. Taylor in the New York Medical Journal, or that the physician may have been in an intoxicated condition while rendering the services that resulted in the patient's death, would at common law be a circumstance for the jury to take into consideration in determining whether the defendant had been guilty of grossly improper conduct. The legislatures of several States have, however, expressly provided that a physician who administers, while intoxicated, a poisonous drug or medicine which results in death shall be held guilty of manslaughter, and many of the States have passed laws making it a misdemeanor for one to practice as a physician while intoxicated.

* * *

LANOLIN AS AN AGENT IN THE REDUCTION OF ENLARGED GLANDS.—A. C. Frickenhaus reports in Pediatrics the rapid reduction in size of enlarged glands after inunction with lanolin. The axillary glands were enlarged and painful, following recurring furunculosis of the trunk, and thorough application of lanolin over the enlarged glands was followed by diminution in their size and marked lessening of pain. Similar results were obtained in a case of angina tonsillaris, accompanied by enlargement of the tonsils and pain on swallowing.

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MARYLAND

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WASHINGTON OFFICE:
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BALTIMORE, OCTOBER 14, 1899.

A National License to Practice.

THE German *Staatsexamen*, which to Americans appeared to be superfluous after such a strict university test, has for several years been imitated in the United States by many States in instituting a board whose duty it is to examine and license or reject candidates who may wish to practice medicine in that State. This has been a step forward, but there have been petty annoyances from these laws especially inflicted on persons.

The object of these laws and tests was to prevent quacks and irregulars from carrying on their pernicious work in any State, and to keep the physicians up to a standard necessary for the welfare of that State. There were some petty annoyances, however, when a reputable physician of one State happened to temporarily practice in another, or when a physician living near a State line necessarily had to practice in both States.

An example of unjust persecution was instanced in the Virginia State Board, which was one of the earliest boards to organize and which has always been a model for other States. Many Baltimore physicians go to Virginia summer resorts and springs for the summer. That State Board would actually try to prosecute these reputable physicians for that temporary sojourn and with a practice limited to a hotel and a few cottages, while within its State quacks practiced with impunity.

It is to obviate such unjust acts as this that the Wayne County Medical Society of Michigan, with its headquarters at Detroit, urges again the necessity of a uniformity of requirements, and has addressed circular letters to the various authorities interested in this subject in all States and Territories, with the result that with very few exceptions, and these exceptions gave reasons which were not insurmountable, the opinion was that a uniformity of test and a reciprocity with other States and Territories was advocated.

If care be taken that the tests for fitness be as nearly as possible equal in the various States there should be no reason why a physician licensed in one State should not be allowed to practice in another. As a matter of fact, some States, for convenience, with a broad forethought, have agreed to accept the licenses of other States, and, indeed, almost any reputable State board will allow a physician of high standing from another State to practice without giving him elementary and long-forgotten questions in anatomy and physiology which the examiner himself cannot answer. The idea of making a general practitioner of, say, fifty years' experience work up the old questions of college days is rather absurd. His record and standing in other States should be taken into consideration, and his fitness to practice rather than his ability to "cram up" basic branches of medicine should be the test.

The action of the Wayne County Medical Society is one that should be encouraged, and this action has almost always received the support of progressive journals and physicians, provided such safeguards can be thrown around it as to prevent abuse.

Physicians should not lose sight of the fact that a State board of medical examiners was created not to stifle competition and keep physicians of one State out of another, but it was, as everyone should know, brought into existence to keep all physicians up to a certain standard and to prevent quacks and such persons from preying on the public. A national board or interstate reciprocity should prevail in this country.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 7, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	3	20
Measles	1	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	40	6
Mumps	..	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	*39	6
La Grippe	..	..

*6 cases imported.

Several cases of smallpox have broken out in Bristol, Va.

Dr. John T. Grimes died at his home near Williamsport, Md., last week, aged about seventy.

McGill University, at Montreal, is about to erect a building for its department of hygiene, pharmacology and medical jurisprudence.

The University of Pennsylvania still continues to print a Spanish edition of its catalogue to attract the students from South America.

Dr. Edward E. Mackenzie, who has been practicing in Baltimore for about fifteen years, is about to go to California to live and practice.

The executive committee of the Medical and Chirurgical Faculty of Maryland will soon announce the place of meeting for the semi-annual session.

Dr. Paul O. Owsley has been appointed one of the surgeons at St. Joseph's Hospital. Dr. Owsley is a graduate of the Johns Hopkins Medical School.

Dr. A. T. Newcomb has removed from Baltimore to Pasadena, Cal., where he will restrict his practice to diseases of the nose, throat and chest.

Dr. William H. Hardey died at his home in Clarksville, Howard County, Maryland, last Monday, aged 79. He was graduated from the University of Maryland in 1852.

Dr. C. Urban Smith, formerly connected with the Baltimore University School of Medicine, has been made professor of the practice of medicine at the Maryland Medical College.

Dr. Edward B. Simpson, a well-known physician of Harney, near Westminster, committed suicide last week. Dr. Simpson was about sixty, and received his medical degree in 1862 at the University of Maryland.

That monument of piety and goodness, Mrs. Mary Baker G. Eddy, who has reached the most perfect stage of Christian Science cult, has been sued for a large sum and has transferred her property to her secretary in order to avoid losing it.

Dr. A. L. Ransone, a physician of Hyattstown, Montgomery county, Maryland, died recently at his home, aged fifty-two. He formerly practiced in Baltimore. He received his degree at the College of Physicians and Surgeons of Baltimore in 1875.

Dr. William H. Howell, professor of physiology at the Johns Hopkins University, has been made dean of the medical school. He is not superintendent of the Johns Hopkins Hospital, as has been reported, but Dr. Henry M. Hurd continues to hold that position.

Dr. John H. Cochran, a prominent physician of Harford county, died at his home in Havre-de-Grace, Maryland, last Tuesday. Dr. Cochran was born in 1833 and received his medical degree at the University of Maryland in 1860. He was Mayor of his town in 1892.

The University of Chicago has a new and unique branch in the Chicago Physiological School for the training of nervous and backward children. It is said to be the first of its kind in the world, and is intended as a home for boys and girls who are unable to cope with normal children owing to illness or infirmity.

At the first meeting of the season of the Clinical Society of Maryland, held Friday, October 6, 1899, the following were elected for the year: President, Dr. James M. Craighill; vice-president, Dr. W. J. Todd; recording secretary, Dr. H. O. Reik; corresponding secretary, Dr. Nathan Herman; treasurer, Dr. N. R. Gorter; new member of the finance committee, Dr. J. W. Lord; executive committee, Drs. Henry B. Jacobs, W. S. Gardner and J. R. Abercrombie.

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Washington Notes.

The Washington Traction & Electric Co. is to provide free medical attention for its employes, their wives and children.

At the Washington Medical and Surgical Society Monday evening Dr. Homer S. Medford read a paper upon "Dysmenorrhea."

Acting Assistant Surgeon Lewis A. Griffith has been ordered to accompany the Forty-second U. S. Volunteer Infantry to the Philippines.

At the Therapeutic Society Saturday evening, October 14, Dr. Robert Reburn will read the paper of the evening; subject, "Croupous Pneumonia."

Dr. Isabel Armour Offut, formerly employed at the Government Hospital for the Insane and later at the Bloomingdale Hospital, New York, died at her residence in this city October 7.

Statistics are being made to study the influence of school life upon children. Twenty-five per cent. of the girls and boys are drawn by lot, and a systematic investigation is being carried on.

Major Walter Reed, surgeon U. S. A., and Major A. E. Bradley, surgeon U. S. V., have been detailed to represent the Medical Department at the annual meeting of the American Public Health Association at Minneapolis, Minn., during October.

At the District Medical Society Wednesday evening Dr. Wm. C. Woodward outlined the principles of malpractice from a medical and surgical standpoint, and Mr. G. E. Gordon presented a paper upon the establishment of a milk laboratory in Washington.

The annual report of Dr. Curtis, chief surgeon of Freedman's Hospital, gives number of patients treated during the year 2374; number of out-patients, 4779; the number of surgical operations was 428; death-rate from all cases was 7.11. More room and new buildings are asked for.

REPRINTS, ETC., RECEIVED.

Twenty-ninth Annual Report of the Alexian Brothers' Hospital of St. Louis.

Notes on the Absorption *versus* the Digestion of Milk. By L. Duncan Bulkley, M.D. Reprint from the *Journal*.

Book Reviews.

A Treatise on Surgery, by American Authors. Edited by Roswell Park, M.D., Professor of Surgery in the University of Buffalo, N. Y. New condensed edition in one royal octavo volume of 1262 pages, with 625 engravings and 37 full-page plates in colors and monochrome. Cloth, $6.00, net; leather, $7.00, net. Philadelphia and New York: Lea Brothers & Co.

This is a condensed edition of the two-volume form, and it has also been revised up to date. It is rather unusual to have two editions of the same book out at the same time, but it is a proof of the popularity of both works. Besides Dr. Park, the contributors to this edition are Drs. John A. Fordyce, William T. Belfield, John Parmenter, H. A. Hare, Chauncey P. Smith, Charles B. Nancrede, William A. Hardaway, Herbert L. Burrell, Frederic Henry Gerrish, James M. Holloway, Duncan Eve, Joseph Ransohoff, Henry H. Mudd, Edward H. Bradford, D. Bryson Delavan, Edmund Souchon, Frederic S. Dennis, Arthur Dean Bevan, Maurice H. Richardson, Farrar Cobb, Charles B. Kelsey, James H. Etheridge, Charles B. Parker, Rudolph Matas, Robert W. Lovett, Arpad G. Gerster, Charles Stedman Bull and Clarence J. Blake. Among the subjects which have been especially revised are: Hyperemia and Inflammation, Bacteriology, Auto-Intoxications, the Surgical Sequelae of Acute Non-Surgical Diseases, and the Surgical Pathology of the Blood. The illustrations are excellent and well selected.

A Text-Book of Physiology. For Students and Practitioners. By Winfield S. Hall, A.M., M.D., Ph.D., Professor of Physiology in the Northwestern University Medical School, Chicago. In one very handsome octavo volume of 672 pages, with 343 engravings and 6 colored plates. Cloth, $4.00, net; leather, $5.00, net. Philadelphia and New York: Lea Brothers & Co.; Baltimore: Medical & Standard Book Co., 3 West Saratoga street.

The author of this work has approached his subject in a unique way. Taking anatomy, chemistry and physics as bases, he summarizes in the introduction to each department those principles of these basic branches which have to do with that especial section. It seems to be a book suited to the uses of the physician and student. The style is very concise in parts, but everything is clear. The medical profession is about ready for a new work on physiology.

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MARYLAND
MEDICAL JOURNAL

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Original Articles.

NOTE ON THE TREATMENT OF TYPHOID FEVER,

AND SPECIAL INDICATIONS FOR THE USE OF COPPER ARSENITE IN THIS DISEASE.

By Louis Kolipinski, M.D,
Washington, D. C.

THE treatment of typhoid fever is the specialty of the general practitioner. Its frequency and yearly visitation give ample opportunity to those who see it in its premonitory and incipient stages to diagnose quickly and accurately, very often an important factor for efficient treatment. I think it can be proven—in fact, may be admitted—that the results in private practice amongst all those whose means allow them the proper comforts of a home and of proper medical attendance, are better, as regards speedy recovery and low mortality, than can be found in hospital work, be the institution a public or a private one. More particularly would such a comparison be favorable to the work of the practitioner in determining the relative frequency of serious or fatal complications, like mania, intestinal hemorrhage and intestinal perforation.

A treatment which insures the greatest chance of speedy recovery, gives almost no death-rate and avoids almost all complications is composed of the following essentials: A trustworthy and conscientious nurse, absolute confinement to bed and entire distraction of the patient's mind from outside affairs and objects, a milk diet, regular alvine evacuations, the cold bath for any temperature above 103° F., the continued use of the carbonate of guaiacol in doses of five to ten grains every two hours during the course of the fever.

Of incidental complications of minor importance, and of special drugs to combat the same, I shall mention insomnia, and in this connection will state the belief that opium will be found the most useful, both as a nerve sedative and hypnotic, notwithstanding the fact that many medical writers do not commend its administration.

For the frontal headache of the first few days no medication is needed, or is it necessary to treat that very common symptom, a hacking pharyngo-laryngeal cough, which always disappears spontaneously as soon as the fever moderates. Assuring the sick that it is of no importance, and is sure to cease with general improvement, will pacify even the most impatient.

It is the special object of this note to call attention to a useful application of the arsenite of copper in fulfilling some particular indications in typhoid fever. This remedy has been commended before, but, as far as I am aware, not for the purposes here described. The writer's results have been uniformly successful in a number of instances.

When in the second, third or fourth week the acute symptoms have disappeared, and the temperature continues at the same daily elevation, and shows no indication of declining, or else, at these times, from nervous shock or other accident, the fever suddenly mounts higher, or else should the temperature be subnormal in the morning and rise to 99° F. or 100° F. in the evening, being markedly intermittent—under all of these conditions will the arsenite of copper arrest the febrile oscillations completely in from one to four days and convalescence follow.

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The mode of administration consists in giving from 1-1200 to 1-2400 of a grain diffused in a teaspoonful of water every half-hour for two or three days, of course allowing ample time for sleep.

As regards the minute dose in which the arsenite is given, it has often occurred to the writer to notice that both patients and those about them who are fond of reading with a critical eye a physician's prescription receive this treatment at first with well-bred commiseration for the medical attendant, and, since the dose "tastes like so much water," declare it to be "homeopathy." The greater efficacy of the arsenite in very small doses in other diseases, for example in cholera morbus, is so well established as to be admitted by every clinician of any experience, and I think it a fact that this, as well as other arsenical compounds, have special and peculiar virtues when given in very minute quantities. The arsenite of copper used in the manner described in this note has very marked anti-emetic powers, yet similar results I have never seen when the chemical was given in tablet form containing 1-100 of a grain. An interesting field for clinical observation is opened in considering the effects of arsenical preparations exhibited in doses much less than those commended in our works on therapeutics.

The following are illustrative cases of this mode of treatment:

Case 1.—Male of nineteen years; sent to bed with an evening temperature of 104° F. Guaiacol carbonate was given for fifteen days. Baths were not found necessary. The temperature at the end of the second week ran as follows:

	Morning.	Evening.
14th day	97.4° F.	100.4° F.
15th day	98	99.4
16th day	98.2	99.8*
17th day	98	99*
18th day	97.8	98.8
19th day	97.4	99.2
20th day	97.8	98.6
21st day	97.8	98.2

*Arsenite given.

Case 2.—Male of twenty-one. For thirteen days the temperature was normal or subnormal in the morning, 100° F. in the evening. Patient became clamorous for food. On a Sunday morning had an interview with a brother, and later amused himself with a "yellow journal." At noon the next day the fever had risen to 103.2° F., requiring the bath for its reduction. The temperature after several baths again resumed its low intermittent type.

	Morning.	Evening.
26th day	98.4° F.	96.6° F.*
27th day	97	99.4*
28th day	98	98
29th day	97.2	98

*Arsenite given.

Case 3.—Boy of sixteen:

	Morning.	Evening.
1st day	104° F.	105.5° F.
2d day	101.5	102
3d day	100.2	102.4
4th day	100.8	102.5
5th day	100.2	103
6th day	101	101.8
7th day	98.7	102
8th day	99.8	102.4
9th day	99	101.6
10th day	99.5	101.4
11th day	99.2	100.6
12th day	98.7	102.4
13th day	101	102.6*
14th day	98.4	101.8*
15th day	98.4	100†
16th day	98.4	98.6
17th day	97.6	98.8
18th day	97.2	98.2

*Arsenite given.

†Arsenite stopped at noon.

From the seventh to the middle of the twelfth day the boy's fever was in rapid abeyance, and he was anxious to take solid food and leave his bed. On the morning of the twelfth day, with a subnormal temperature, he passed the time in reading a Sunday paper, with the result that the fever began again to rise as above recorded. The action of the arsenite of copper is apparent.

Case 4.—A pharmacist of twenty-two. On the tenth day his temperature was normal. From then on until the twenty-second day his body heat was normal morning and midday; normal or 99° F. in

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the evening. He seemed completely recovered. On the twentieth day he was given solid food and allowed to get up. On the evening of the twenty-second day the fever began to rise, and for a week varied from 100° F. to 102° F. During this time he remained in bed and was confined to liquid food. Two attempts were made to arrest the fever with the arsenite of copper, but without success. The patient was irritable and discontented; felt himself competent to direct his treatment and to record his thermometer readings. On the thirty-second day of the disease the nurse was recalled, the family control of the case dispensed with and the arsenite again given, with this result:

	7 A. M.	1 P. M.	5 P. M.
32d day....	100° F.	99° F.	101.4° F.
33d day....	99	99.4	101
34th day...	99.5	99.5	99.5*
35th day...	99	99	98.5*
36th day...	98.5	98.5	98.5*
37th day...	98.5	98.2	98.4
38th day...	98.4	98	98
39th day...	98	97.8	98.4

*Arsenite.

Case 5.—Private in the city fire department; twenty-eight years of age. On the seventh day of the disease entered a hospital, which he left, he says, with the consent of the physician on the thirteenth day, he being free of fever. He returned to his home, where he lay without medical attendance until the twenty-third day of the disease. He had lost much weight; had restless nights, with much fever and cough. Patient's account of his illness very obscure. A diagnosis of typhoid fever was made by exclusion of tuberculosis, syphilis and malarial fever. He was placed under the care of a nurse and, as soon as the conditions were favorable, given the arsenite of copper.

	Morning.	Noon.	Evening.
27th day....	99.4° F.	99.8° F.	101° F.*
28th day....	98.4	99	101*
29th day....	98.4	98	100*
30th day....	98.4	98.4	99.8
31st day....	97	98.4	98.4
32d day.....	97	97.8	97.8

*Arsenite.

THE MERCURIAL VAPOR BATH.

By Henry Alfred Robbins, M.D.,

President of the Microscopical Society of the District of Columbia; lately Clinical Professor of Dermatology and Genito-Urinary Diseases, University of Georgetown.

THIS method of treating syphilis has almost been abandoned on account of the trouble of giving it.

The journals, both medical and ecclesiastical, contain advertisements of a medicated vapor-bath appliance, which seems to be simplicity itself. The supposed patient is an attractive-looking female. By an imaginary mental *x*-ray process, the curtain is raised and you behold this voluptuous subject seated on a chair, clothed with a sweet expression, as if she had obtained the acme of bliss. Under the chair there is a tripod over a spirit lamp, the heat of which is supposed to dissolve the mercury. Then there is a pan of water, over another spirit lamp, to make steam. You see imaginary wreaths encircling the patient, with garlands of fleecy-looking clouds, charming to the eye. The material used is a mackintosh, made either round or square.

In reality, after the doctor has purchased the appliance he finds that he has to crawl around it, on his hands and knees, arranging the lamps. The calomel does not dissolve, because the heat is not sufficiently intense, and after he has nearly set fire to the patient he begins to think that any method of treatment of syphilis is preferable to the mercurial vapor bath.

To construct a perfect vapor bath is not so easy as one would suppose. It was several months before I succeeded in having a perfect one made.

The box as it now is has several new features. The top, as it is generally made, has a space only wide enough to encircle the neck of the patient. It is a double-hinged thing, split down the center. The top of mine is made in one piece, excepting an opening, which allows the head to pass through. Around this aperture rubber cloth is securely attached, and a cord makes it secure around the neck of the patient, admitting of no escape of steam. The dimensions of the cabinet are as fol-

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lows: Three feet nine inches long, two feet nine inches wide, three feet eleven inches high.

It has a door and two windows, where I can see how the steam is acting and whether the calomel is being dissolved or not. It is lined with oilcloth. The wood is of triple thickness and made of the best seasoned wood. There is no leakage of steam. Within there is an iron revolving chair, which can be raised or lowered, according to the height of the patient. This chair has a foot attachment, so that I can make use of the electric wire, if desired, which also illuminates the box.

I have gas connection. The gas pipe has a cock above the box, while at the bottom there is a double cock, one connecting with a Bunsen burner, over which is a tripod, which dissolves the mercury, and the other is connected with a little gas stove, on which is a pan of water to be converted into steam. In an upper corner of the box there is a warranted Watertown thermometer, with the bulb within the box. If the thermometer in its entirety were placed inside, behind a piece of glass, as it generally is, the condensed steam would cloud the register, making it impossible to read it. I find that it requires a Bunsen burner to dissolve the mercury.

After steam has begun to form I place the patient on the chair in the box. I then place calomel, from ten to thirty grains, on the tripod. Instantly it begins to dissolve. In a minute you will notice steam and a film of mercury being condensed on the windows. Then the scale of the thermometer gradually ascends until it reaches from 110° to 120° F.; then the patient is sweating profusely. Then cut off the flow of gas from the upper stop-cock; then the register slowly falls. Altogether it takes about twenty minutes to give a bath. I do not allow the patient to rub off, but at once have him put on all his clothes. I want him to have the full benefit of the mercury. I have given these baths in the coldest winter weather, and no patient has "taken cold."

The late Dr. F. J. Bumstead, in speaking of this method of treatment, told me that he had never seen any ill effects from "taking cold," nor found it necessary to restrict patients with regard to the weather any more than when giving mercury by the mouth.

Mr. Langston Parker of Birmingham, England, revived this method of treating syphilis, and I can endorse every word of his statements. He stated that the patient is exposed to the influence of three agents, "heated air, common steam and the vapor of mercury," and as a means of treating syphilis it is "safer, quicker, more certain, less frequently followed by relapses and more efficient in obstinate cases than any other."

Out of very many cases I will report two; results speak louder than words:

Just before the blizzard of February last a patient was referred to me by one of our prominent physicians, who had been treating him irregularly with doses of proto-idodide of mercury. Under the customary treatment the patient had gone from bad to worse. His uvula had sloughed off, and there was a fistulous discharge oozing from the hard palate. The horrible ozena stench surpassed in nauseousness any disgusting odor that I have ever been exposed to. I at once put him in the cabinet and dissolved ℥ss of calomel. I did not put his head through the aperture in the box, but I had him sit on a stool within, with directions to keep his mouth wide open. I ran up the scale on the thermometer to 120° F. Strange to say, the steam and vapor of mercury did not make him cough. The disease was repressed by the first bath. I only gave him three, for the reason that he felt so much better he failed to put in an appearance. He now comes to see me at intervals of about three months. I have taught him how to treat himself by the effective but dirty inunction method. When I last saw him he was also taking sixty drops of the saturated solution of iodide of potash three times a day. This man is employed as a cook.

Mr. X., aged fifty-four years, stated that thirty years ago his frenum sloughed off. One of our best physicians pronounced the sore to be an initial lesion of syphilis. The patient remembers that he was salivated during the treatment. The customary sequelae followed and disappeared. For years he enjoyed comparatively good health. For the past few

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years, however, he has suffered from headaches, which he states prevented him from sleeping.

He complained of acute pain in the left arm, extending through the shoulders to the right arm. It was continuous day and night. He found great difficulty in changing his position without increasing the pain. I examined him carefully, and to all appearances he was without blemish. He was being treated by a well-known physician with coal-tar products, but it had no effect on the neuralgia.

I at once placed him on the saturated solution of the iodide of soda, beginning with fifteen drops in water or milk three times a day, to be increased five drops each dose until the physiological action of the drug was obtained. This condition was attained when he arrived at eighty drops three times a day. He was then ordered to discontinue the drug for a time, and during the interval he was ordered a teaspoonful of equal parts of dialyzed iron and glycerine three times a day. I commenced with the mercurial vapor bath, ℈j of calomel being dissolved. All pain in the arm rapidly disappeared and the nocturnal headaches vanished. This continued until I went on my summer vacation of six weeks. I found on my return that notwithstanding he had carried out the iodide treatment that the night headaches had returned. The mercurial bath at once banished them, he enjoys refreshing sleep, and in every way is steadily improving.

Society Reports.

BALTIMORE COUNTY MEDICAL ASSOCIATION.

REGULAR MEETING HELD SEPTEMBER 23, 1899.

THE Baltimore County Medical Association held its regular monthly meeting at Towson September 23, 1899, the president, Dr. William J. Todd, in the chair. The new constitution was read for the second time, and, after much discussion, was adopted.

The object of the association (as set forth in this new constitution) "shall be the acquisition of knowledge, the cultivation of professional and social intercourse, the promotion of public health and protection of the medical profession."

This new constitution provides for a historical committee, whose duty "shall be to prepare, or have prepared, from time to time such biographies and memoirs of medical men as it may deem appropriate or the association may order." During the present year a committee, comprised of Dr. H. Louis Naylor of Pikesville, Dr. William J. Todd of Mt. Washington and Dr. Jackson Piper of Towson, as chairman, have had prepared and read before the association biographical sketches of the following prominent physicians of Baltimore county: Dr. Christopher Todd, Dr. Henry Stevenson, Dr. David Sterrett Gittings, Dr. Thomas Cradock and Dr. Randall Hulse.

The constitution also provides for a committee on medical jurisprudence, who shall report on State and county laws affecting the practice of medicine and the public health.

The membership of the association is divided into three classes—active, associate and honorary. The active member "shall be a graduate of an authenticated, regular school of medicine, practicing medicine in Maryland, in good standing, and having complied with the laws of the State of Maryland regulating the practice of medicine." The associate member may be "a doctor of dental surgery, residing in this State, or a member of the legal profession of good repute." The object of the association in opening its doors to the legal profession was, it was stated, in the hopes of bringing about a closer relationship between the members of the medical and legal professions of the county and State and to promote the discussions of medico-legal questions.

A committee was appointed to act in conjunction with a committee from the Maryland Public Health Association, to propose amendments to the laws of Maryland relating to public health, sanitation, the reporting of contagious and infectious diseases, the registration of births and deaths, and to present the same to the next legislature for consideration and adoption. Drs. H. Burton Stevenson and Chas. G. Hill, with the president, were appointed on this committee.

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Dr. Jackson Piper of Towson was appointed by the president to represent the association on the advisory committee to the MARYLAND MEDICAL JOURNAL.

On motion of Dr. Chas. G. Hill, a vote of thanks was tendered to Drs. Jackson Piper, R. C. Massenburg, James H. Jarrett and Henry S. Jarrett, all of Towson, for their hospitable entertainment and luncheon.

Medical Progress.

THE ROLE OF IRON IN FORMING BLOOD.—A. Hofmann of Halle (British Medical Journal), whose experiments have already proved the absorption and excretion of iron in the small intestine in man, and also in animals its excretion by the colon, thus confirming the results arrived at by Macallum, Hall and others, in continuing his investigation as to the mode of action of the metal, has experimented on ninety-eight rabbits, comparatively on some made anemic by blood-letting and others normally healthy, and in either case with and without the administration of iron. Particular attention was paid to the bone marrow, spleen and lymphatic glands as specially concerned in blood formation, but liver, kidneys and small and large intestine were also examined, the blood corpuscles were counted, and the hemoglobin estimated, etc., and various preparations of iron and hemoglobin tested as regards qualitative and quantitative absorption. He found that all forms of iron were absorbed in the duodenum and entered the circulation in transport cells combined with albuminous matter in a combination which had no toxic action. It could be so demonstrated in large quantities in the spleen, liver, and especially in the bone marrow, where crowds of these iron-laden cells were present in the tardy blood stream, in the parenchyma itself and in the network of vessels within it. This organ alone exhibited after blood-letting a corresponding regenerative activity, an active hyperplasia of its parenchyma. The restoration of the red corpuscles was more rapid, the bone marrow richer in its contents after the administration of iron, while the spleen and lymphatic glands showed no difference. Iron given without blood-letting caused some increase of the red cells circulating and of the fat, but not of cell-formation in the bone marrow. The restoration of the hemoglobin was not so complete; there was no apparent increase in the coloring matter of the blood from the use of iron. In fact, iron has a stimulating action on the physiological activity of the bone marrow and accelerates the ripening and entrance into the circulation of the young cells therein produced as anuclear erythrocytes. Special preparations of iron are unnecessary, of hemoglobin irrational. The action of iron depends entirely on the quantity of metal absorbed. The action of iron on the bone marrow throws some light on the nature of chlorosis. It seems probable that this affection consists in a diminished capability of production, either temporary and occurring at the age of puberty, or congenital and more or less life-long, leading to hypoplasia of the blood-forming organ, the bone marrow, which, in severe cases, is associated with a hypoplasia of the blood-conveying parts described by Virchow, even of the sexual organs. This weakness of the blood-forming apparatus betrays itself in the depreciated production of erythrocytes, morbidly altered in form and contents of hemoglobin.

* * *

EDIBLE FUNGI.—In view of some recent cases of poisoning from eating poisonous fungi, the following extract from the Lancet is of interest:

It is just at the fall of the year, which we are just now experiencing with a somewhat startling suddenness, that the conditions are best for the growth of mushrooms, and the mushroom season commences with the onset of autumn. In a word, the mushroom and other fungi find dew and damp a congenial condition. The mushroom is undoubtedly nourishing, but it is esteemed most for its agreeable and inimitable flavor, which renders it such an excellent accompaniment to other dishes. According to analysis, however, only 10 per cent. of the mushroom is solid matter, although no less

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than half of this proportion consists of flesh-forming or nitrogenous substances. Again, the ash is particularly rich in the most valuable salt in dietetics, namely, phosphate of potassium. Unfortunately, the mushroom has a compeer in the meadow, which, though in appearance very like the edible variety, is yet so distinct as to be highly poisonous. This fact not a little deters many persons from enjoying the delightful fungus. But with a little experience the edible fungus can be distinguished from the poisonous fungus. Thus the edible mushroom generally grows in dry, airy places, while the poisonous mushroom grows in clusters in woods and in shady, damp places; the former, again, is generally whitish or brownish, while the latter has usually patches of bright color; further, the edible fungus has a compact, brittle flesh, while the flesh of the poisonous variety is usually tough, soft and watery. On cutting a good mushroom no change of color by the action of the air occurs, but with the poisonous fungi a brown-green or blue tint appears; the juice of the former is watery, of the latter milky, while the odor, also, of the former is agreeable, that of the latter is very often pungent and disagreeable, and the taste of the edible mushroom is not bitter, acrid or astringent, properties which frequently characterize the poisonous mushroom. The symptoms of poisoning by mushrooms simulate sometimes those generally following on the administration of a narcotic, such as drowsiness, giddiness and dimness of sight, and at other times of an irritant, when vomiting and purging are characteristic. The remedy is usually to administer an emetic, while strong tea or a solution of tannin in most cases serves as an effective domestic antidote. The physiological antidote, which, however, should of course only be prescribed by a medical man, is belladonna.

* * *

THE DIAGNOSIS OF TUBERCULAR PERITONITIS.—From a series of 100 abdominal operations, Dr. A. Ernest Gallant, in the American Journal of Obstetrics, draws the following conclusions:

1. Tubercular inflammation of the peritoneum is met with at all ages, and is most common in early and adult life.

2. It is most frequently met with in women and between the ages of twenty and forty years.

3. It most often originates in the pelvic sexual organs, and from that point may extend to the visceral and parietal abdominal peritoneum.

4. As a primary lesion of the peritoneum, it resembles in its inception, subsequent history and final outcome the various forms of the same disease in other serous cavities. It may be secondary to tubercular disease in any other part of the body, especially the lungs and pleura.

5. The most distinctive features of this disease are: (a) A rather constant subnormal morning temperature, rising to the normal in the late afternoon, reaching a little above at night; (b) hypogastric pain on pressure, on walking and when urinating, and (c) the presence of tubercle bacilli in the pulmonary, cervical or vaginal secretions.

6. Anesthetic examination in pelvic cases will often aid in clearing up the diagnosis, but when the abdomen is tensely distended with encysted fluid, unless immediately preceding operation, it will only subject the patient to useless discomfort.

7. A positive diagnosis other than by exploratory incision is in some cases impossible.

8. Early abdominal section, evacuation of the fluid, removal of the original focus, carefully avoiding any attempt to break up intestinal adhesions, thorough irrigation of the cavity with saline solution and closure of the abdomen without drainage of any form has been shown by later operations for other conditions, and on autopsy, to have resulted in permanent cure.

9. When confined to the pelvis, removal of the original focus usually results in a permanent cure of the disease.

10. Where fluid reaccumulates a second celiotomy will be curative or prolong life.

11. Tubercular disease in other parts, especially the lungs and pleura, is not a contraindication to operation, which will be followed by a more or less prolonged abeyance or retardation of the disease.

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GOLF AS A THERAPEUTIC AGENT.—The Medical Press in commenting on golf, and especially in reference to Dr. Rosse's recent article on this subject, says:

It has been said that every other man in America is now so addicted to Scotch ways and habits that he wears heather-tweeds, plays golf, drinks "Scotch" and says "Hoots, mon." Of such must be Dr. Irving C. Rosse, Washington, who contributed to the American Neurological Association a paper on golf from a neurological view-point. Medical men have their hobbies in sports and pastimes, and these are sometimes regarded with a professional eye and with a bias in their favor which is largely due to the man's own aptitude and predilections. We are told that here we have a royal road to physical exhilaration in a game that can be played all the year round, independently of atmospheric vicissitudes, during all the seven ages of man, by delicate girls as well as by strong athletes, and even by decrepit old men, whose declining powers do not admit of severe exertion. We must, however, dissent from the statement that there is absolutely no danger attached to the game, and that consequently no accidents ensue. Dr. Rosse is evidently new to the game and knows little of its history, even its latest history, or he would know that fatal accidents have occurred, at least in Scotland, from golf-ball strokes.

There is a great deal to be said in favor of golf for those suffering from heart lesions, arterial calcification or certain hysterical conditions, and undoubtedly as a medical adjunct is not to be despised. Dr. Rosse, while enjoining moderation, alleges that benefit has been derived in some cases of cough, nervous asthma and in affections of the bladder and prostate, but it is pre-eminently in functional nervous disease that our great Anglo-Saxon game is to be recommended both as a prophylactic and curative. As to its being a certain remedy for insomnia, there may be some doubt, as we have met within the last few days on the golf course a golfee who, despite his golf exercise, suffered from insomnia. A great deal might be said in favor of golf as a mental and nervous tonic, but not to the exclusion of other sports which have many of the same advantages. Undoubtedly it is a good thing for the physician to know from his own actual experience the physical requirements of different games and their physiological uses. The use of golf as a remedy in the treatment of nervous ailments of a functional character, whether they affect the mental or visceral spheres, is worthy of all consideration.

* * *

URINARY TOXICITY IN PREGNANT WOMEN.—Labadie-Lagrave and others (University Medical Magazine) state at the beginning of their article that heretofore the association of urinary toxicity with pregnancy has had reference only to eclampsia, and that, therefore, there should be instituted a special study of the intoxicating properties of the urine of the pregnant woman without special reference to eclampsia or any other single condition. It should, however, be stated that studies of general scope have been made in this direction for the latter months of pregnancy. The present authors have studied the question from the beginning of gestation, with a view of determining when the urine becomes toxic.

With regard to the first six weeks after impregnation, or, rather, after the last menstrual period, the normal toxicity undergoes a diminution instead of an increase (which might theoretically have been anticipated); it would, therefore, appear that this diminution of toxicity may serve as an early sign of pregnancy. If a suspected case of pregnancy exhibits normal toxicity we may, therefore, reckon upon the existence of hepatic insufficiency, provided pregnancy is actually present.

If, however, the urinary toxicity is diminished we cannot at once jump to the conclusion that the woman is pregnant, because this diminution of toxicity is also present in chlorosis, hysteria and tuberculosis. A chlorotic subject undergoes rapid recovery of normal toxicity under appropriate treatment, but if such a patient becomes pregnant the toxicity will not increase under the customary treatment. This is also true of the hysterical

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and tubercular subject. If patients of this sort do not improve under suitable treatment, and have been exposed to impregnation, the failure to regain the normal toxicity is readily explained.

The authors show by a toxicity curve that a given patient had her toxicity lowered in the third month, slightly recovered in the fourth, lowered again in the fifth, partly regained in the sixth, practically unchanged until delivery, the normal toxicity being regained in some six weeks after delivery.

The authors therefore conclude that, normally, there should occur a marked lowering of urinary toxicity in pregnancy, and thus whenever this law is violated there is always a definite reason for it, and that if a pregnant woman has a toxicity equal or superior to normal we should fear the possible development of eclampsia.

* * *

THE URINE IN DISEASE.—The following rules, formulated by Dr. Formad, concluded an article which appeared in the Pacific Medical Journal:

1. Sediment in the urine has no significence unless deposited within twenty-four hours.

2. Albumen in the urine does not indicate kidney disease unless accompanied by tube casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.

3. Every white crystal in urine, regardless of shape, is a phosphate, except the oxalate of lime crystal, which has its own peculiar form; urine, alkaline.

4. Every yellow crystal is uric acid if the urine is acid, or a urate if the urine is alkaline.

5. Mucous casts, pus and epithelium signify disease of the bladder (cystitis) or other parts of the urinary tract, as determined by variety of epithelium.

6. The urine from females can often be differentiated from the urine of males by finding in it the tessellated epithelium of the vagina.

7. Hyaline casts (narrow), blood and epithelial casts signify acute catarrhal nephritis. There is much albumen in this condition.

8. Broad hyaline casts and epithelial dark-green granules and oil casts signify chronic catarrhal nephritis. At first, much albumen; later, less.

9. Hyaline and pale granular casts, and little or no albumen, signify interstitial nephritis.

10. Broad casts are worse than narrow casts, for the former signify a chronic disease.

11. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts or devour them entirely in a short time.

12. Uric acid may, in Trommer's test for sugar, form a peroxide of copper, this often misleading the examiner into the belief that he has discovered sugar. Thus, when urine shows only sugar, other methods of examination must be used, preferably the lead test.

13. The microscope gives us better ideas of the exact condition of affairs in examination of urine than the various chemical tests.

* * *

CONTRIBUTION TO THE PATHOLOGY OF HEPATIC COLIC.—D. Mayer of Carlsbad (International Medical Magazine) disputes the statement that every hepatic colic is caused by a cholecystitis, because of a series of experiences described by him from which it must be concluded that other causes may be responsible. In discussing gall-stone colics he attacks the position of those surgeons who advise an early operation. He maintains that it is not always possible to distinguish with absolute certainty those which result in the passage of stones from those that do not—those that are fruitless. This is shown very clearly by such an attack which ends with the passage through of the stone, yet during the days or weeks, while the stone is wandering about, numerous other apparently fruitless colics occur. These the writer designates intermittent gall-stone colics, which, he claims, are common, frequently occurring in attacks which closely follow each other, and are relieved with difficulty by hypodermics of morphine. Nevertheless, they should not be classed as fruitless. Mayer,

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referring to the influence of the Carlsbad waters upon cholelithiasis, denies that these waters have any cholagogue action. He thinks that they produce their effects by removing harmful conditions, all mechanical and chemical obstacles to the normal, bile-secreting function of the liver cells; that through a favorable influence upon the circulation in the liver and the gastro-intestinal canal the inspissated bile is enabled to escape more readily and its flow thus promoted. The flow of bile is assisted by the removal of the chronic constipation and, at the same time, the diuretic effect of the cooler springs is not to be underestimated, since in chronic jaundice, through a free excretion by way of the kidneys of the bile-producing materials, hepatic intoxication is prevented.

* * *

RED BONE-MARROW IN ANEMIA.—Fowler (Philadelphia Medical Journal) has made a series of experiments with the view of discovering, experimentally, whether bone-marrow has any direct effect on the blood in anemia. Four young rabbits were taken from the same litter, one fed on a diet poor in iron, one on a diet poor both in iron and proteid, a third on a diet poor in proteid, but containing a sufficiency of organic iron, while the fourth was kept on ordinary food. It was found that while all three defective diets produced anemia, the greatest fall in hemoglobin took place when the iron was deficient, and the greatest fall in corpuscles when the proteid was deficient, the exclusively carbohydrate diet producing the greatest alterations in the blood. This diet, therefore, was selected as most likely to give results comparable with what happens in anemia occurring in man. An extract of perfectly fresh marrow was made by grinding with normal salt solution and filtering. This was then injected into the peritoneal cavity or beneath the skin. The results of the experiments, eleven in all, were as follows: (1) Subcutaneous injections of bone-marrow have no action in the red corpuscles or hemoglobin of a healthy animal. (2) When the red corpuscles and hemoglobin fall below their normal limits injections of marrow produce a decided rise in both; this rise is well marked, sudden and of short duration. (3) Along with the increase in the red corpuscles there is no corresponding improvement in the form of the cells. (4) The active principle is present in the aqueous, but not in an alcoholic extract of marrow; it is not precipitated by boiling, it does not contain iron, and may possibly be a deutro-proteose.

* * *

DIET IN TPYHOID FEVER.—Dr. E. J. Abbott (Medical Age) says that it has been his practice for years to allow his typhoid patients what is termed "soft diet" instead of milk diet, namely, a diet consisting of milk (if it is agreeable), buttermilk, all kinds of soups and broths, eggs, raw or soft, or the yolk, if they like, of hard-boiled eggs. By hard-boiled eggs he does not mean an egg that is boiled four or five minutes, just sufficient to coagulate the albumen, but an egg that is cooked from one-half to three-quarters of an hour. The yolk of an egg in this condition is easily digested and is nutritious. He also permits custards, rice, farina, junket, tea, coffee, chocolate, cocoa, ice cream, and particularly milk and cream toast and all foods of that class. The writer says he has never yet had cause to regret feeding his patients in this way, and is convinced that this diet leaves less waste of indigestible material as a possible irritant to the ulcerated surface than does an exclusive milk diet. The writer also advises the lengthening out of the intervals of feeding from two to three or four hours, perhaps even longer, and thinks that by doing this his patients relish their food more than before, and that they will digest it better and will recover from the fever stronger and in better condition than they would otherwise.

* * *

THE ROENTGEN RAYS IN LUPUS.—Albers of Schönberg reports in the Journal of Electro-Therapeutics two cases. The first was a young man of twenty, who had suffered for more than two years from lupus of the nose, of the upper lip and of the naso-labial folds. He had undergone various forms of treatment in vain. He was then treated for eight months with Roentgen rays; the sittings

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were only suspended when a dermatitis appeared. At the end of eight months he had completely recovered. The second case was a woman forty-eight years old. She had a patch on the cheek as large as a five-shilling piece, also some lupus nodules in the upper lip and in the nasal septum. She was subjected to the same treatment for six months, and it was stopped only when dermatitis threatened. The lupus of the skin completely healed, normal skin replacing the lupus patch, but the lupus in the interior of the nose was unaffected. In both cases the improvement was very striking. It is advisable not to employ too powerful rays, so that the unpleasant and slowly-healing dermatitis may be avoided. The healthy skin was protected from the rays by plates of lead.

* * *

TUBERCULOSIS IN CHILDHOOD.—In a tuberculous family it involves watchfulness and care to protect the young child from the disease. Dr. George F. Still writes on this subject in Pediatrics and draws the following conclusions:

1. The commonest channel of infection with tuberculosis in childhood is through the lung.

2. Infection through the intestine is less common in infancy than in later childhood.

3. Milk, therefore, is not the usual source of tuberculosis in infancy, perhaps owing to the precautions taken in boiling, sterilizing, etc.

4. Inhalation is much the commonest mode of infection in the tuberculosis of childhood, and especially in infancy.

5. The overcrowding of the poorer population in the large towns is probably responsible for much of the tuberculosis of childhood, and prophylaxis must be directed to the prevention of this overcrowding, the improvement of ventilation and the inculcation of the extreme importance of fresh air during the earliest years of life.

* * *

THE ABSORPTION OF CATARACT.—Dr. Richard Kalish, in an article in the Medical News on the "Absorption of Uncomplicated Immature Cataract by Conjoined Manipulation and Instillation," draws the following conclusions:

1. Immature cataract may be regarded as a largely preventable disease.

2. It may, by properly-directed treatment, local and constitutional, be prevented, arrested, retarded or cured.

3. The circulation of the blood must be regulated.

4. The faulty digestion must be rectified.

5. Constant supervision of the eye must be maintained by a competent ophthalmologist, that eye-strain be relieved and all changes in refaction be promptly remedied.

6. Treatment by conjoined manipulation and instillation should be instituted at the earliest possible moment.

7. Finally, if local and constitutional treatment should not provoke a favorable issue, they will establish a more nearly normal state of the ocular tissues, and, if an operation be found necessary, this improved condition of the ocular structures will ensure a larger degree of success.

* * *

NIGHT TERRORS.—Night terrors in children are often hard to overcome. Dr. E. Graham Little, in an article in Pediatrics on the "Causation of Night Terrors," concludes as follows:

1. Night terrors are in the great majority of cases caused by disorders productive of moderate but prolonged dyspnea.

2. A preponderating number of cases are found in rheumatic subjects with early heart disease.

3. A considerable proportion of cases are due to obstruction of nasal cavities and fauces.

4. Digestive disturbances do not play the important part in causation that is often assigned to them.

5. The evidence for their causal connection with epilepsy or allied neurosis is scanty.

6. The attacks occur in the subconscious stage of early sleep, and are confined to young children under puberty.

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BALTIMORE, OCTOBER 21, 1899.

Abortion and Abortionists.

THE very interesting series of articles now appearing in the *New York Medical Journal* on the relation of law to physicians contain some references to the subject of abortion, and the author shows how stringent are the laws against those that would procure abortion, saying that even the advice to a woman to take a certain abortifacient, whether she take it or not, is a misdemeanor. To show how far apart are law and facts, it is only necessary to scan the daily papers and see how difficult it is to convict and sentence an abortionist who knows himself that he is guilty, whom all know is guilty and whom trustworthy witnesses convict almost out of his own mouth.

The laws of this country are so liberal, and the fear of convicting an innocent person are so strong, that the person accused remains innocent until the proof of his guilt is overwhelming and final. The tendency is always towards acquittal, and for this reason it has always been so difficult, and, indeed, it is now a matter of great difficulty, to convict a person accused of abortion. All sorts of excuses are offered; there is an abundance of perjury, which the court feels sure is perjury, but which it cannot prove to be such. Every loophole is given for the accused to escape, and often, indeed, it looks as if laws were made and courts convened to let the guilty escape.

There is some hope, however, that one person, commonly believed to be guilty, will meet his just deserts, and the State's attorney deserves the thanks of the profession for his untiring energy in bringing this case to such a successful termination.

Protestants believe that there is no especial crime in killing the fetus if the mother should be protected, while Roman Catholics look upon it as murder; hence in Catholic countries the number of illegitimate births is much greater than in Protestant countries. The bringing away of the unborn child at any time during its fetal life is usually so dangerous because in most cases it must be done secretly and without those precautions that are usually so carefully carried out at a normal birth. An unclean instrument, the remains of the placenta, a part of the fetus, lack of cleansing douches during the period of recuperation, all make the operation one so often fatal.

It is known that abortion is done by reputable physicians with all proper precautions, and the results have not been fatal. These cases do not occur so often, but every gynecologist especially, and some obstetricians, for various reasons, which seem to them and the family to be good, have relieved the woman of a burden which in their opinions is detrimental to her health and a useless burden to her already large family. In such cases the outcome is usually safe, because precautions are taken, and if death should occur it is put down to some other cause which would not be questioned. It is not intended to uphold these persons and their abettors, but to point out that the principal danger in abortion is the secrecy involved in unmarried women especially.

There are some professional abortionists who are successful in most cases, who are skilled physicians and gynecologists and who have been thoroughly trained and have a good education, with experience in the best hospitals. These men have not been successful in ordinary practice, and, having no conscience, undertake for sums, varying with the wealth of their victims, to procure with entire success, and with little danger, the premature birth of the unborn child and nurse the woman to recovery.

There are some evils that cannot be stamped out and that all persons, even the best, wink at, but none the less the work of the State's attorney of Maryland in bringing to trial a man who has been for years so notorious, and perhaps in convicting him, is deserving of the highest praise from the profession and the public.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 14, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	15
Phthisis Pulmonalis	5	20
Measles	1	..
Whooping Cough	2	..
Pseudo-Membranous Croup and Diphtheria.	48	11
Mumps	..	..
Scarlet Fever	9	..
Varioloid	..	..
Yellow Fever	1	1
Varicella	..	..
Typhoid Fever	*30	4

*4 cases mported.

The legislature of Virginia will establish a State hospital for epileptics.

The Union Protestant Infirmary will soon have its addition completed.

Medical Director J. R. Tryon of the navy has been placed on the retired list.

An addition will be made to the Central State Hospital in Dinwiddie county, Virginia.

Ground has been broken at Charlottesville for a hospital in connection with the University of Virginia.

Dr. Jules Simon of Paris, physician to the Hôpital des Enfants Maladies, died recently from heart disease following influenza.

A disastrous fire at the Loomis Sanitariun at Liberty, New York, totally destroyed the Administration building and much valuable property.

Assistant Surgeon M. J. McAdam, United States Marine Hospital Service, in charge of the Marine Hospital at Key West, has died of yellow fever.

Dr. A. M. Evans, a prominent physician of Middleway, W. Va., died last Monday. Dr. Evans was born in 1842, and received his degree at the University of Pennsylvania in 1874.

The Charlotte Williams Hospital, which will be erected at Richmond, Va., at a cost of $100,000, is the gift of Mr. John L. Williams, a wealthy banker of that city, in memory of his daughter.

Dr. S. V. Mace of Rossville, near Baltimore, died at his home last Saturday of heart disease. Dr. Mace was graduated from the University of Maryland in 1884, was a member of the State Society and was very popular.

The Maryland Homeopathic Medical Society has just closed its twenty-fifth semi-annual meeting. Among other things the Society appointed a committee to devise means to obtain a State appropration to establish a Homeopathic Insane Asylum in Maryland.

Dr. J. E. Stokes, for a number of years connected with Johns Hopkins Hospital, and for the last year resident gynecologist at the hospital, has resigned to take up private practice. Dr. G. Brown Miller, who has been at the hospital for the last three years, has been appointed to fill the vacancy.

The semi-annual meeting of the Medical and Chirurgical Faculty of Maryland will be held at Westminster on the second Tuesday of November, the 14th. Contrary to the custom which has prevailed for a number of years, the programme committee have unanimously decided to limit the meeting to a one-day's session, opening in the morning at 10 o'clock, adjourning for a social gathering at luncheon at 12.30, and then reassembling at 2.30 for the afternoon's work, the meeting closing in time for members to catch the evening trains home. It is hoped this arrangement will insure a larger attendance than is often the case at the mid-year meetings. The local profession, whether members of the Faculty or not, are cordially invited to attend and take part in the proceedings. It is thought a very attractive and interesting programme will be presented, a discussion of which cannot but be of service to all the members of the society. This programme will be fully announced at a later date, but it may be well to say here that Drs. Flexner and Barker, who have but just returned from the Phillippines, have promised to speak upon the medical conditions in those islands, and possibly Dr. Barker may add something in regard to the plague districts of India, through which he has recently passed. The Faculty is now beginning its second century, and a full, enthusiastic attendance ought to mark this first meeting.

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Book Reviews.

AN EXPERIMENTAL RESEARCH INTO SURGICAL SHOCK. An essay awarded the Cartwright prize for 1897. By George W. Crile, A.M., M.D., Ph.D., Professor of the Principles of Surgery and Applied Anatomy in the Cleveland College of Physicians and Surgeons; formerly Professor of Physiology in the Medical Department of the University of Wooster; Attending Surgeon to the St. Alexis and Cleveland General Hospitals. Price $2.50. Philadelphia: J. B. Lippincott & Co.

THIS book is the result of a series of experimental inquiries into the nature of surgical shock, and shows a remarkable amount of patient and painstaking work upon dogs. All of the accessible regions of the body have been subjected to special investigation and are shown to have vastly different degrees of susceptibility to collapse and shock. The richer the nerve supply the greater the liability to shock. Those regions supplied by the vagus and splanchnic nerves are especial dangerous operation areas. Surgical shock is defined to be "mainly due to impairment or breakdown of the vaso-motor mechanism," and as some areas are more richly endowed with vaso-motor nerves than others, these are especially dangerous regions. The larynx and the abdomen are the regions in which sudden and prolonged shock is especially liable to occur. The author recommends all those well-known agencies to prevent and combat shock, such as careful hemostasis, the inclined posture, warmth during and after operation, short duration of operation and anesthesia, ether as less dangerous than chloroform, saline infusion to supply fluid for filling the heart and vessels, clean dissection, instead of tearing and mangling the tissues, protection of the intestines as much as possible from the air and from handling, wrapping the intestines in the omentum for protection and the free use of strychnia. In operation on the extremities afferent and efferent impulses may be entirely arrested by injecting cocaine into the nerves, and if hemorrhage is prevented there will be no more shock than when the hair is cut. A spray of one-half per cent. cocaine into the larynx will entirely inhibit vagal influence, and operations can then be performed with impunity. The hypodermic injection of atropia is also recommended previous to operation. Alcoholic stimulation he considers of doubtful efficacy. The observations of Dr. Crile are of the highest value, and the reviewer is thankful that he had the opportunity to hear him speak at Columbus on this subject, as well as to read his book.

THE TREATMENT OF PELVIC INFLAMMATIONS THROUGH THE VAGINA. By William R. Pryor, M.D., Professor of Gynecology, New York Polyclinic, etc. With 110 illustrations. Pp. 248. Price $2 net. Philadelphia: W. B. Saunders. 1899. Baltimore: The Medical & Standard Book Co., 3 West Saratoga street.

This excellent monograph is the outcome of the author's lectures at the New York Polyclinic, and is a valuable book for the practicing, but almost too far advanced for the undergraduate student. He believes in thorough sterilization, and not only likes the hands clean, but the parts to be treated are swabbed out and washed with an antiseptic solution. His idea is to give the attending physician some ideas of what to do before the specialist is called in or if he cannot be found. As he says, the treatment is full and very aggressive. He is not afraid of the intrauterine douche. The book is of value to any physician.

REPRINTS, ETC., RECEIVED.

University of Maryland. Ninety-third Annual Announcement of the School of Medicine, 1899-1900.

Brain Anatomy and Psychology. By Stewart Paton, M.D. Reprint from the *American Journal of Insanity.*

The Early Diagnosis of Dementia Paralytica. By Stewart Paton, M.D. Reprint from the *New York Medical Journal.*

Hygienic Hints for Barbers and Hair-Dressers. Circular No. 52. Issued by State Board of Health of Pennsylvania.

Report for the Year 1898-99. Presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.

Involvement of the Eye and Ear in Cerebro-Spinal Meningitis. By William Cheatham, M.D. Reprint from the *Philadelphia Medical Journal.*

Short Notes on Twenty-five Cases Selected from Five Months' Surgical Service at the Maryland General Hospital, with a Single Post-Operative Death. By Robert W. Johnson, M.D. Reprint from the *Baltimore Medical College Alumni Journal.*

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Original Articles.

DISEASES OF THE STOMACH.

THEIR PRACTICAL DIAGNOSIS WITH SPECIAL REFERENCE TO THE EARLY DIAGNOSIS OF CANCER OF THE STOMACH AND ITS TREATMENT.

By Robert Hoffmann, M.D.,
Baltimore.

THE scientific and successful treatment of diseases of the stomach depends on the most exact diagnosis possible which scientific methods of examination will give. If conclusions are drawn from subjective symptoms alone, without a careful and systematic examination, errors will arise which may react very unfavorably on the patient.

But as we treat not only the disease, but the patient as well, we should be master of all those reliable and recognized methods of examination which lead to a correct diagnosis. When, for instance, the fact is considered that the subjective symptoms are often alike in cases of hyperacidity and anacidity, or in chronic gastritis and carcinoma of the stomach, it is evident that only a thorough, scientific examination of the patient, and especially of the stomach and its contents, will give exact results.

In the first place, the complaints of the patient must be carefully noted, such as the feeling of pressure before and after eating, how long after eating, the character of the pain, the kind of food taken with or without causing discomfort, the appetite, eructations, nausea and vomiting.

The next step is the external examination of the stomach, and then the macroscopical, chemical and microscopical examination of the stomach contents after a test meal of a fixed character. The test breakfast of Ewald and Boas is usually sufficient; occasionally a test supper of Boas and a test dinner of Riegel or of Leube has to be given. In examining a patient who complains principally of his stomach, an inspection of the whole body from head to foot must be made, including an examination of the urine, of the stomach and its contents, and a very careful macroscopical, chemical and microscopical examination of the feces. Because the patient complains of his stomach only it would be a great mistake to examine it first. The teeth, nose, pharynx, naso-pharynx and larynx should be examined in the usual way thoroughly with a mirror and light.

Anyone who wants to treat stomach diseases in the proper way must have special training in the methods of special examination of the other organs of the body. Patients with incipient phthisis very often complain of the stomach only; therefore, the lungs should be examined, and, if there is much expectoration, tubercle bacilli ought to be looked for. Also, the heart, liver and spleen should not be overlooked. On several occasions patients have been referred to me by throat specialists on account of their gastric symptoms. A careful examination of the sputum revealed the presence of tubercle bacilli. Such patients swallow the sputum during the night, and consequently exhibit stomach symptoms. This probably explains the recognized good effects of creosote in the early stages of pulmonary consumption. It acts as a disinfectant and antifermentative of the stomach. Sometimes, when a patient shows most prominent gastric symptoms, a methodical and careful examination will exclude a disease of the stomach and reveal an aneurism of the aorta, an intermediastinal tumor, a sub-

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mucous duodenal carcinoma, Bright's disease, diabetes, tabes dorsalis, etc.

Recently I observed a case in which a patient had been treated for years for his stomach only, whereas he had tabes and syphilis. The gastric crises did not occur so frequently and were not so intense when his stomach was left alone and constitutional treatment was commenced. Local treatment in gastric crises is without effect, and lavage seems to increase the pain. In this case mentioned the inspection of the nose revealed a gumma. On the other hand, patients complain of all kinds of symptoms not referable to the stomach at all, but a careful examination of the stomach and its contents will reveal gastric achylia in its first stage, hyperacidity, etc. Recently I saw a patient who complained for over a year of certain sharp pains in his head when he moved it to one side. His appetite was splendid and he never complained of his stomach. For six months he had been treated by prominent physicians for rheumatism with the galvanic and faradic current. He had a total acidity of 110 and free hydrochloric acid about 40, and under proper treatment, based on a real and not on a probable diagnosis, he felt relieved almost instantly. I mention these cases only to show the importance of the diagnosis.

With the patient on his back inspection alone will sometimes reveal conditions that are important from a diagnostic standpoint. The condition of the tongue, whether coated or not, ought not to be considered in making a diagnosis. We may see that the stomach projects somewhat beyond the border of the gastric region; there may be a tumor, a gastroptosis or peristaltic movements. Inspection should be followed by thorough palpation of the whole abdomen, especially of the region of the stomach, liver, gall bladder and of the lower abdomen. There may be a hyperemia of the liver, cirrhosis, gallstones, dilatation of the colon, a floating kidney, epigastric hernia. Very often I find in patients who complain of the stomach, especially women, a nephroptosis on the right side, less frequently on the left or on both sides. I wish to remark here that I do not recommend surgical treatment in such cases. Such patients feel relieved at once when they get a proper abdominal support with a pad. The operation is not entirely without danger, and frequently I see the kidney down again within a year after nephrorrhaphy. When the patients are operated on for floating kidney they are forced to have rest, and it seems to me that this is a very important factor in considering improvement after operation; such patients are usually debilitated and have a gastroptosis and feel great benefit from this forced rest cure. After about a year an examination will reveal the same status as before operation. Cases of floating kidney are generally treated for years for nervous dyspepsia, which diagnosis seems to be a favorite one for all kinds of gastric diseases, although nervous dyspepsia *per se* as a pure neurosis is rather rare.

During palpation the patient should lie on his back, take deep inspirations with his mouth open and his knees drawn up, so that the abdominal walls are completely relaxed. It is a good plan to question the patient continuously during this procedure, so that he may pay no attention to the palpation and relax the muscles without knowing it. Occasionally we are able to feel the vermiform appendix. It is advisable to repeat the palpation with the patient first on the right side and then on the left, for in this way a movable kidney may be made out which would otherwise escape attention. In general, I palpate again with the patient standing erect and occasionally in the knee-elbow position. During palpation it should be noted how sensitive the region of the stomach is to pressure of the hand. It is important to note if the pain is more generally extended as in atony, or more circumscribed as in ulcer. In order to estimate the intensity of pain I make use of the algesimeter, which is used at the Boas clinic in Berlin. With this instrument it is possible to observe the increase or decrease of pain, and in consequence of this we are able to decide whether the patient is improving or not—for instance, during the treatment for gastric ulcer. In every case the characteristic pressure points should be tested to discover a neurosis, gall-

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stones or an ulcer. Succussion alone is not of enough sufficient value to make a diagnosis. Still it should be considered in the fasting stomach in cases of atony and gastroptosis.

In order to determine the borders of the stomach, that is, its dimensions, we distend it either with carbonic-acid gas or we blow air directly into it. A teaspoonful of bicarbonate of soda is dissolved in half a glass of water, and a small teaspoonful of tartaric acid in the same quantity of water. The patient drinks first the tartaric-acid solution and immediately afterwards the solution of bicarbonate of soda. I seldom use this method, because the patient in most cases feels very much distressed and cannot expel the air, so that it is necessary to introduce a tube to let the gas out. I usually blow air into the empty stomach through a tube by means of a double-bulb syringe. The patient lies on his back, and, while pumping, I control the blowing up of the stomach with my left hand, and can in this way see and feel the borders of the stomach. As soon as the patient gives any sign of distress I disconnect the tube and bulb immediately and express the air. It is just during this procedure that the hand will feel where the stomach is. To be sure, I repeat this two or three times, and never saw any ill-effects on the patient.

The method of illuminating the stomach with an electric light was first introduced by Einhorn of New York, and it is certainly very ingenious from this point of view. Einhorn claims that this method is very important in making a differential diagnosis between dilatation and gastroptosis and to see tumors on the anterior surface of the stomach. My experience has been that it is necessary for the patient to be somewhat accustomed to swallowing the tube before one can use the gastrodiaphane. If the patient has thick and fatty abdominal walls we see nothing. Of course, in dilatation and gastroptosis the patients are in general thin, and in such cases this method is of distinct value, especially in cases of gastroptosis, where the position of the small curvature will decide the diagnosis. The greater curvature may be far down below the navel, but according to this we could neither make the diagnosis of gastroptosis nor dilatation.

In regard to the diagnosis of dilatation (gastrectasis), neither air inflation, percussion nor gastrodiaphany is a reliable method of making a positive diagnosis. We may speak clinically of a dilatation of the stomach even when the stomach is smaller than normal; therefore the expression "motor insufficiency of the first and second degree," according to Boas, is much better. On the other hand, a stomach might be larger than normal, but we could not call this condition a gastrectasis. The expression "dilatation or gastrectasis" is admissible only when there is insufficient motor power of the stomach to propel the food within the proper time into the bowel, and in consequence there is more or less stagnation and fermentation. I use a gastrodiaphane made by Hirschberg of Berlin, which is so arranged that after it is introduced into the empty stomach water can be poured through it into the stomach without withdrawing the tube. It is advisable before using to test it, and to put a few drops of water into the lamp between the internal and external glass cover. The room must be dark and the patient must stand upright. As soon as the light is turned on the stomach outlines appear distinctly light, and by moving the light we can trace out the exact contour of the stomach, provided the abdominal walls are thin. The lamps are very delicate and burn out very easily, especially when we have to use a strong light, as may be necessary in muscular stomachs.

To have described and used this method first as Einhorn did is certainly very ingenious. When we use it now it is indeed a very simple procedure, and any person with the necessary apparatus could easily do it without much training. This method was made the object of a demonstration ten years after its first description in New York before a medical society in Baltimore. With just the same right the use of the laryngoscope, which is certainly much more difficult, might be demonstrated. So far as I can see in my practice this method of illuminating the stomach makes a greater impression on the patient than on the diagnosis, except

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in the one condition, gastroptosis, which I have mentioned before.

In regard to gastroscopy, that is, the inspection of the stomach cavity, I must say that I shall never attempt to use this method in my practice with instruments at present in use. Twice I saw very prominent specialists use it on patients who were entirely accustomed to the tube, but in none of these cases did they succeed in seeing anything, and it seemed more than a torture to the patient. Miculicz reports that he has several times made the diagnosis of cancer with the gastroscope. It would be really worth while for some one to demonstrate this method of gastroscopy before a medical society in Baltimore. I am sure there are very few who have seen the gastroscope introduced properly. If this instrument was perfect and could be easily introduced it would be an ideal way to make certain the diagnosis of tumors.

After we are through with this, the examination with the stomach tube is taken up. I usually direct the patient to come to my office in the morning with an empty stomach, he having taken a test supper the evening before at 8 o'clock, consisting of two cups of tea and two sandwiches, with cold lean meat (test supper of Boas). In regard to the tube, I prefer imported tubes, which are thick and not too long, about seventy-six centimeters (thirty inches), with a large oval opening on each side and with a blunt end. Such a tube can be connected by means of a short glass tube with a long rubber tube, and this again with a large glass funnel. The small continuous rubber tubes, with a rubber funnel, are very unpractical and not to be recommended at all. It is impossible to have a new tube for every patient, and I find it sufficient to clean them with cold water immediately after use. In suspicious cases they might be disinfected with a 1 per cent. solution of lysol. Syphilitic patients must have their own tube, and in tuberculosis we do not use the tube as a rule.

For years I have insisted that every patient who complains of the stomach must undergo an examination with the tube to examine the contents after a test meal, and I exclude only those cases in which a diagnosis has been made by external examination, or when the introduction of the tube is contraindicated (pulmonary or laryngeal tuberculosis, hemorrhage from the stomach, aneurism of the aorta). Personally, I do not know of any contraindication to the use of the tubes, especially when I think it will verify the diagnosis. I have never had bad results. In one case, for example, I was able, by using the stomach tube, to make a diagnosis of aortic aneurism where previously the most careful examination by several well-known physicians had failed. Later on an authority confirmed this diagnosis. The patient could swallow more easily on the following day and suffered no ill-effects. Now, after a year, his condition is about the same. Occasionally there will be bleeding from the stomach while introducing the tube, especially when the person is full-blooded and has a congested gastric mucous membrane. Such patients are often improved after this accidental bloodletting. About seven or eight years ago such a patient had a very abundant hemorrhage at my office when I used the tube. Of course, I withdrew the tube immediately and gave him some ice-water, with perchloride of iron. After this bleeding he felt so much improved that he thought he was well. Recently I saw him again and found cirrhosis of the liver.

When the patient presents himself in the morning at my office with an empty stomach, having taken his test supper the evening before, the stomach tube is introduced and by moving it up and down we find out whether the stomach is empty or not. The patient must strain as at stool, and there is no difficulty by this expression method in obtaining stomach contents if there are any (food, mucus, bile). If there is none visible to the naked eye we wash the stomach out with warm water to find out if there are microscopical remnants. If nothing remains of the test supper, a mechanical insufficiency can be excluded. There is in the empty stomach in most cases some mucus, but if the amount does not exceed 100 c. c., the condition cannot be called pathological (gastrosuccorrhea, Reichmann; gastroxynsis, Rossbach). If remnants of food visible to the eye are found we might decide that there

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is more or less motor insufficiency, and a microscopical examination must be made. We should look for muscle fibers and bread particles, yeast, sarcinae, Jaworski's bodies, blood, pus, pieces of mucous membrane, particles of growth and lactic acid bacilli. The so-called Jaworski's bodies are salivary cells, which have changed their appearance through the influence of the hydrochloric acid to spiral bodies. Their presence means from a diagnostic standpoint the presence of free hydrochloric acid. Yeast is found in almost every stomach, and has no significance when it occurs in single cells or in strings of two, but when there are strings of three and more there is fermentation and a pathological condition. Sarcinae is found in gastric stagnation, when there is free HCl, especially in benign forms of dilatation.. I have seen it in a case of cancer in large quantities, where there was free hydrochloric acid present, the cancer having developed on the scar of an ulcer.

At present I have a patient under observation who had this summer a sudden hemorrhage from the stomach. Later on the tube was introduced and revealed each time large quantities of sarcinae, no free HCl, no pepsin, no rennin. Large quantities of sarcinae were found in the stools. The diagnosis was made of submucous cancer of the duodenum. It seems to me that sarcinae in the stools usually comes from the stomach, but they may form in the bowels in cases of diarrhea. If we find in the empty stomach large quantities of food and liquids from the day before, as, for example, in stenosis of the pylorus, with consequent dilatation, we see that those masses, when collected in a glass, form three distinct layers with visible gas formation, and this microscopical appearance can be regarded as pathognomonic. At the bottom of the glass there is a thick layer, in the middle a watery one and on the surface a foamy layer, in which we can see little bubbles like the pearls of champagne. In very old cases of dilatation we find sometimes the formation of sulphuretted hydrogen, H_2S. I have seen it present in two cases during the last year. One case of dilatation of a benign form I observed last summer in the clinic of Boas, in Berlin. Every morning there was about 500 c. c. of liquid of a very acid odor in the stomach. The stomach was not washed out, but simply relieved every morning from the retention. There was always H_2S present. Treatment has been continued the whole winter. This summer I saw the patient again and had an opportunity of examining the remnants, which were there yet. The patient had improved very much in her general condition and there was no H_2S present.

To detect H_2S Boas uses thin strips of blotting paper, which have been soaked in a solution of acetate of lead. Such a strip is suspended in a well-corked flask containing the gastric contents. If H_2S is present the white strip becomes dark or black after several hours. The presence of bile in the empty stomach has no special significance, except when it is always present and in large quantities, when stenosis of the duodenum might be suspected. After washing out the stomach, to be certain that it is empty, the patient takes his test breakfast at the office, consisting, according to Ewald and Boas, of a large glass of water (300 c. c.) and a roll (35.0). The test dinners of Riegel and Leube, consisting of a plate of soup, a beefsteak, a roll and a glass of water, are of great value in doubtful cases. As a rule, the test breakfast is sufficient. With experience, it is possible to draw certain conclusions in regard to the probable diagnosis from the appearance and odor of the contents, which are taken out just one hour after the test breakfast was commenced. Free HCl reaches its maximum about one hour after the test breakfast. If digestion is normal, the bread and water are thoroughly mixed and have a pure odor. For instance, a test breakfast in a case of hyperacidity and in a case of achylia looks quite different macroscopically. In hyperacidity and dilatation the odor is acid, sometimes like fresh cider. In carcinoma it is insipid and unpleasant.

After the stomach contents have been inspected macroscopically, I test them with blue litmus paper for acidity, for free acid with red Congo paper and for free HCl with yellow tropeolin paper. They are certainly very practical, especially when an examination is made at the home of the patient and circumstances demand

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a probable diagnosis immediately. We can draw very important conclusions from these reactions, especially from the more or less intense blue coloring of the Congo paper or the brown and dark coloring of the tropeolin paper. If the Congo paper reacts plainly (0.01 per cent. free acid), we know there is free acid and almost always free HCl, but it may be lactic acid. In those cases where I found lactic acid, it has been my experience in every one of them that the red Congo paper changed to a very slight blackish-brown color. If the contents turn yellow tropæolin paper distinctly brown, it is a positive proof that free HCl is present. If the contents turn the Congo paper blue and the tropeolin paper brown, we have as a rule no serious disorder. Of course, gastric ulcer must be excluded, and those exceptional cases of carcinoma with free HCl at the seat of an old ulcer. If there is any doubt in regard to the presence of free HCl, Guenzburg's test is the most reliable. I find it of the greatest importance in the daily examinations of stomach contents always to use the same methods, in order to get the proper routine in this delicate work. In doubtful cases, of course, different methods should be employed to make a positive diagnosis. After testing with these papers we filter the contents, and from the filtrate determine quantitatively the total acidity, the free HCl, the latent HCl and the total HCl. Riegel in Giessen finds the total acidity to be 40 to 60 and the free HCl 20 to 40, but here in Baltimore the average acidity is higher. From my observation here, the cases of hyperacidity seem to be very frequent, and it is in those cases that all symptoms must be considered in order to decide if there is a normal high acidity or a real hyperacidity and hyperchlorhydria. For the quantitative test of the total acidity and hydrochloric acid I use the method of Toepfer. The reagents necessary are a 1 per cent. alcoholic solution of phenolphthalein for the total acidity, a ½ per cent. alcoholic solution of dimethylamido-azo-benzol for the free HCl and a 1 per cent. aqueous solution of alizarin for the latent HCl. In cases of chronic gastritis, atony with hyperacidity, achylia and carcinoma most exact and repeated examinations are necessary to make a diagnosis.

Quite often patients consult me when, according to their subjective symptoms, I suspect hyperacidity, or anacidity, or subacidity, but where a chemical analysis of the contents after a test meal will reveal just the contrary conditions. If free HCl is present, it is usually not necessary to test for pepsin and rennin. We know that in almost all cases where free HCl is present pepsin is produced in sufficient quantity. There are two different pathological conditions in which the test for the ferments is most important from a diagnostic standpoint, and more so in regard to the prognosis. These conditions are achylia (Einhorn) and nervous anacidity. In testing an alkaline gastric juice for pepsin it is necessary to make it acid. Five c. c. of filtered gastric juice is taken; this is made acid by adding a few drops of diluted HCl, then a small blood flake (blood albumen) is added and the glass put into the thermostat at a temperature of from 37° to 40° C. (98 2-5° to 104° F.) If pepsin is present the blood flake is completely dissolved within one hour. The test for rennin in cases of an acidity is most important. Its absence is sure proof of organic disorder and the prognosis more or less bad. For instance, if we find, on examining the stomach contents after a test meal, an acidity, but pepsin and rennin present, we may give a good prognosis. Its entire absence in such a case would make the prognosis worse (carcinoma, achylia). In such cases I never depend on one examination, but give repeated test meals in order to be sure. Especially in cases of subacidity or an acidity, with a neurotic basis, we find changing conditions in the secretion of the stomach.

In regard to the motor function of the stomach, the test supper of Boas, the test breakfast of Ewald and Boas, the test meals of Leube and Riegel will give us some idea in forming an opinion. If, after a test supper, we find the stomach the next morning empty, we can surely exclude a motor insufficiency of the second degree (Boas). On an empty stomach Leube gives the patient a plate of soup, a beefsteak, a roll and a glass of water. Six to seven hours later he washes out the

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stomach and regards the motility normal if the stomach is empty. If he finds any notable residue of the meal, he makes a diagnosis of insufficiency. Myasthenia (atony) or a stenosis should be suspected. To test the motility of the stomach Ewald recommends the salol test. He gives fifteen grains of salol in a wafer at the height of digestion. If the motor function is normal, salicylic acid will be detected in the urine not sooner than within thirty minutes after taking the salol, but at least in seventy-five minutes. Huber found that this salol reaction in healthy persons is no longer positive than from twenty-six to twenty-seven hours. The exact differential diagnosis of myasthenia and neurosis is sometimes very difficult. A complete examination as described in the foregoing lines will take from one to two hours and often longer.

For the microscopical examination of the stomach contents it is advisable to have a porcelain soup plate, with a dark bottom, to be able to spread the contents over this dark ground. In this way we are able to detect with the naked eye suspicious particles, which must be picked out for special microscopical examination. The rule is to examine first with a low power. From the microscopical examination of the feces we are not able to draw any conclusion in regard to the diagnosis of stomach diseases. But frequently the stomach disease is the cause of secondary intestinal disturbance (constipation, diarrhea), and, therefore, it is absolutely necessary to be familiar with the microscopical examination of the stools to judge of the pathological condition in the proper light. If we find sarcinae present in the stools when there is no diarrhea, we might make a diagnosis of dilatation of the stomach.

In regard to my rule of using the stomach tube in every case with gastric symptoms, except those cases mentioned before, I must say that I find no opposition on the part of patients, and remember only two instances during the last ten years in which patients positively refused, and no explanation could persuade them. In the different neurotic gastric disorders the patients seem to get more quickly accustomed to the introduction of the tube than in those with organic diseases of the stomach. I never make use of cocaine, and find that a clear explanation of the proceedings to the patient will overcome all difficulties. We must never force the tube; the patient must swallow it and we only guide it. Frequently physicians, particularly specialists of lung and throat diseases, are consulted by people who have no complaints at all, but who want, just for their own satisfaction, with a prophylactic view, to have an examination made of their lungs and their heart. I have never had the experience of having a healthy person ask me to make an examination of the stomach. The stomach is certainly an organ very much abused, especially among the better classes. Most people do not find time to chew their food well; they eat in a hurry, do not eat at regular times and pay no attention to the extreme temperature of their food, to say nothing of the mode of cooking. Under those circumstances diseases of the stomach undoubtedly exist in their first stages some time before they cause any symptoms.

I do not see why a person should not have an examination of the stomach made at regular intervals every year. In Berlin it is the custom among the better classes of married women to have a gynecological examination made every four to six months, since some of the prominent gynecologists there declared that in this way it was possible to detect a carcinoma at a period before it caused any symptoms, and then could be operated on. There is no doubt if regular examinations of the stomach were made many a serious affection would be diagnosed early, and proper dietetic, medicinal and perhaps surgical treatment could be applied successfully. But so far there seems a disinclination on the part of the public to undergo this prophylactic examination so long as they do not complain of the stomach. Partly it may be the fear of the stomach tube, partly the ignorance of the importance of the normal functions of the stomach.

In regard to the positive diagnosis of cancer of the stomach, especially the early diagnosis, we should, of course, employ every possible method to come to conclu-

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sions. During the last few years surgery of the stomach has made great progress, and just on account of this fact the problem came into question, "Can a diagnosis of cancer of the stomach be made early, before a tumor can be felt?" This was guided by the idea that the surgical treatment would have better results the earlier it could be used. Therefore, I will consider first the possibility of making an early diagnosis before I enter upon the indications and results of surgical treatment. According to Leube, we are justified in suspecting a carcinoma of the stomach if we have a patient with a gastric disease who continues to grow worse notwithstanding the treatment, especially when this patient has had a good stomach for fifty or sixty years and has exposed it to all kinds of excesses. The age of the patient must be considered, as most cases of cancer of the stomach occur between forty and seventy, but there are exceptions. The appetite is poor and there is often a decided disgust for meat and fat. I have made the same observation in cases of cancer of other organs, especially of the uterus. The patients complain of fullness and heavy feeling in the region of the stomach and are troubled a great deal with belching. There is no characteristic pain. Of great importance is the vomiting of dark masses like coffee grounds (hematemesis), consisting partly of blood and partly of gastric contents, which have undergone partial digestion. But all these symptoms are in no way sufficient to make the diagnosis. The general condition of the patient must be considered, especially anemia and a cachectic condition.

In regard to the chemical condition of the stomach contents, the absence of free HCl and the presence of lactic acid is a symptom which is often met with in cancer, but it is not pathognomonic. A patient might have benign hypertrophic catarrh of the mucous membrane of the pylorus, and there might be lactic acid, but certainly not a cancer. If we make repeated examinations and constantly find entire absence of HCl and presence of lactic acid, we may suspect cancer. There is absence of free HCl in other conditions, for instance, in achylia, benign stenosis of the pylorus and other diseases (phthisis, heart disease, cancer of the gall bladder, fat necrosis of the pancreas, perforation pertonitis). Lactic acid can be formed only when there is absence of HCl and when there is motor insufficiency of the stomach. HCl and lactic acid neutralize each other. We see cases of carcinoma of the stomach where there is no lactic acid at all, but abundant free HCl. These cases, in which the cancer develops on the scar of an old ulcer, are of course the exceptions, but we meet them and must give them our consideration in making a diagnosis. Rosenheim found lactic acid in 78 per cent. and Strauss in 91 per cent. of his cases of the stomach.

The presence of lactic acid will justify our suspecting cancer. In testing for lactic acid I use the method of Kelling. To half a test tube of water one drop of the official solution of chloride of iron is added; to this mixture we add drop by drop of the filtered contents. If there is a distinct green color, lactic acid is present. The lactic acid which might be in the test breakfast itself need not be considered on account of its small quantity. The test for pepsin and rennin is indicated in such cases. When we have concluded the chemical analysis in such cases of suspected cancer, the microscopical examination of the stomach contents and, respectively, of vomited matter is absolutely necessary. If there is lactic acid we find the so-called lactic acid bacilli, which were first described by Boas and Oppler. They are very characteristic, and in one case of cancer, where a gastroenterostomy had been made, I found them almost as pure cultures in the stomach one year later in enormous quantities. The presence of sarcinae contra-indicates the diagnosis of cancer, as it very rarely forms in the stomach where free HCl is not present. But if we find it with free hydrochloric acid we can not exclude the diagnosis of cancer, and it may be one of those cases in which the cancer has its origin on the scar of an ulcer. I have just now a case under treatment in which I find constantly no HCl, but always large quantities of sarcinae, and where I suspect a carcinoma duodeni. Yeast is present in moderate

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quantities, but has no diagnostic significance. If we find in the washing pieces of the tumor, and the microscopical examination reveals the presence of characteristic cancer cells, the diagnosis is certain.

In cases where we suspect cancer and find blood and pus in the contents, it is advisable to use lavage and search for small particles of the tumor. Paul Cohnheim, in Berlin, has recently published a paper ("*Zur Klinisch-Mikroskopischen Diagnostik der Nicht-Pylorischen Magencarcinome*"), in which he attaches great importance to this method of looking for stomach particles and to the presence of certain protozoa (flagellata) in the stomach. Independently of all those conditions, the diagnosis of cancer of the stomach will be positive only when we are able to feel the tumor, especially when it is located at the pylorus or the curvatures. Those tumors, which cause a more diffuse infiltration, and those of the posterior wall of the stomach can not be felt at all. Palpation will reveal nothing. With our present methods we are not able to make a positive early diagnosis of cancer at a time when a tumor cannot be felt. In regard to the differential diagnosis, we must consider chronic gastritis, achylia and certain neuroses, and in most cases of carcinoma at an early stage the diagnosis is uncertain if it is cancer or only a chronic gastritis.

Most difficult is the diagnosis between carcinoma and those cases of atrophic gastritis which have developed in consequence of a stenosis of the pylorus of benign character. Suppose we had made the early probable diagnosis of cancer on the basis of a most thorough and complete examination, considering all conditions and circumstances (family history), and feel justified in recommending to the patient to consult a surgeon and have an operation performed, what will be the result in most cases? My experience is as follows: At the time when we make such an early probable diagnosis of cancer of the stomach, when there is no possibility of feeling a resistance or a tumor, the patient in general does not feel very ill. He complains of loss of appetite, full feeling in the stomach after eating, being tired, but is able to attend to his business. When we tell him to call a surgeon and have an operation done (of course, it ought to be done at the hospital, and not at the home of the patient), he will disappear and consult another physician. This physician in most cases, according to my experience, instead of supporting the first man and making a thorough examination himself, will console the patient with one of the many pepsin preparations on the market. He will prescribe light food and give him medicine as a palliative. The patient feels somewhat better and encouraged, but after a few months, when he sees he is getting worse, he will return again to the first man. At this time a tumor can be felt and the success of the operation is doubtful or the case is inoperable.

The next point of importance is this: Suppose we had made an early probable diagnosis of cancer, the patient would be in fairly good condition and would willingly consent to any treatment we advise. Shall we advise an operation? My answer is "No," and I shall in my own practice never any more advise a patient to be operated on for a cancer of the stomach, except under one condition—that is, when the cancer is seated at the pylorus and the stenosis causes such symptoms that the life of the patient is simply miserable, or that his life is in direct danger (daily quantity of urine under 500 c. c.) This exception means that the operation is not done for the cancer at all, but for the stenosis. As the proper operation I recommend gastroenterostomy as the safest for the patient. Lindner and Kuttner in their recent publication, "*Die Chirurgie des Magens*," confess that most of the patients upon whom they operated did not live longer than one year, and very few two or three years. I was told this summer in Berlin that Von Leyden had said: "The later the physician makes the diagnosis of cancer of the stomach, the better it is for the patient." Of course, those words have to be taken *cum grano salis*, but there is some truth in them. The pylorus is the principal seat of cancer of the stomach. According to Hahn, of 166 cases where a post-mortem examination was made, 60 were cancer of the pylorus, 40 cancer of the cardia and 27 of the lesser curvature.

In regard to operative treatment, the pyloric carcinoma requires special consid-

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eration. The ideal operation would be the resection, removal of the tumor and suturing of the wound surfaces. Such an operation cannot be done in a short time. An experienced operator like Hahn, in Berlin, recently operated in such a case for two hours, and the patient died from septicemia. The post-mortem examination revealed the tearing of one suture. In cases of carcinoma of the pylorus and stenosis the operation of gastroenterostomy is undoubtedly the most successful and safest. The patient might live about a year. The disadvantage of this operation is that at the place where the stomach and bowel are sutured together a spur sometimes forms, in consequence of which the bile will not flow into the bowel, but into the stomach. Such patients continuously vomit bile and die from marasmus. The methods of surgical treatment of cancer at present, as far as their results are concerned, do not justify the specialist in turning the patients with cancer of the stomach over to the surgeon, and the only indication for surgical interference is a pyloric stenosis. I will give a short history of two cases of cancer which have been under my observation from the beginning of their illness to the end. They are as follows:

Case 1.—Mr. B., fifty-six years old, salesman, consulted me September 20, 1898. He had had no stomach trouble in all his life. He had just returned from a business trip and complained for a few weeks of loss of appetite, pressure in the stomach after eating, belching, constipation. The patient had a very robust figure and his weight was on this day 198 pounds. There was a slight anemic appearance. He told me he had lost ten pounds since June. A thorough examination of the patient did not reveal any pathological condition. There was no resistance over the region of the stomach, nor could a tumor be felt. The pressure of the hand caused some discomfort. He had taken his dinner about one hour before, and when I tried to introduce the tube he vomited large, undigested pieces of meat. Before this he had had no vomiting. The odor of the vomited matter was very offensive. The next morning, one hour after a test breakfast, the contents were examined. There was entire absence of HCl and the ferments, but the test for lactic acid was positive. The microscopic examination revealed those long bacilli described by Oppler and Boas, and pus and blood corpuscles. The probable diagnosis cancer of the stomach was made and the patient advised to have an operation done. Instead of following this advice, he consulted someone else, and was treated with the different pepsin preparations without having the benefit of an examination. In December, 1898, he consulted me again, and at this time looked quite pale, had lost a great deal of flesh and was hardly able to attend to his business. Palpation revealed a distinct resistance over the region of the stomach, but a tumor could not be made out. On January 7, 1899, an operation was done at the Johns Hopkins Hospital. When the patient was under ether the operating surgeon palpated, but was not able to feel a distinct tumor. As soon as the incision was made it was found that the whole anterior wall of the stomach was affected by a cancerous infiltration, and that the case was inoperable. The only operation possible would have been a resection of the whole stomach. The incision was closed and healed perfectly. The patient left the hospital and died from cachexia on February 8, 1899. Should I see such a case now, with my present opinion, I should not recommend an operation at all.

Case 2.—Mr. K., seventy-three years old, insurance agent, consulted me in March, 1899. He had been well until December, 1898, and had a splendid stomach all his life. During December, 1898, he lost his appetite, complained of heavy feeling in the stomach after meals, belching and vomiting of food (no blood). He has pain in the stomach when he eats meat and other solid food. There is constipation. The tongue looks well and it is not coated at all. He sleeps well. His weight is 125 pounds and he looks pale. A most thorough examination of the patient, and especially of the region of the stomach, revealed nothing pathological. He took a test breakfast and the contents were examined. There was abundant free HCl, pepsin and rennin and large quantities of sarcinae. The diagnosis of

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dilatation of the stomach, with a stenosis of benign character, was made. The prognosis seemed good. The patient was treated with diet and lavage, but there was no improvement at all. During the third week of April an ascites developed quite suddenly and caused intense dyspnea. I removed a large quantity of a serous fluid and found on palpation in the region of the pylorus a well-defined tumor of the size of a hen's egg, with small branches like a cauliflower, and very hard. On repeating the paracentensis after a few days, there was a distinct increase in the size of the tumor. The patient died May 9 from marasmus. In this case there was undoubtedly a cancer of the pylorus, which had developed at the scar of an old ulcer, hence the presence of free hydrochloric acid.

613 Park avenue.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

REGULAR MEETING HELD OCTOBER 20, 1899.

THE meeting was called to order by the newly-elected president, Dr. James M. Craighill, who made a brief address which embodied a number of suggestions concerning the future work of the society.

The topic for the evening's consideration was "Yellow Fever," a case having recently occurred in this city, and Dr. Francis T. Miles opened the discussion with remarks on the clinical aspects of the disease.

Dr. Miles: It is rather a pretentious thing to put me on the card for a talk on the clinical aspects of this disease when I have not seen a case before this one for a long time. I once saw a great deal of yellow fever, having passed through several epidemics and having had the disease in a mild form myself, but that was a long time ago, when I was a medical student. I may say here that I do not remember ever seeing two epidemics occur in successive years, although I am sure the disease was regularly imported into the city of Charleston, S. C., where I resided, every year.

I have seen many post-mortems, but at the time I speak of there was no question of toxic organisms, and the disease was considered to be an inflammation of some organ or other. In looking at this case I was forcibly reminded of what I had seen as cases of yellow fever and the appearances that struck me most, and I can hardly say I could impart the impression they made upon me to others, were the stupid look about the face, the peculiar expression of the eyes, the reddish-yellow color of the skin and the appearance of the black vomit. The mode of vomiting, too, that projectile vomiting, appeared very characteristic of the disease. This whole picture impressed me as being that of yellow fever, and I was more certain of it when I heard where the patient had come from.

It might be of some interest for me to say a few words about yellow fever as I saw it many years ago. The fever was characterized almost always by a stormy entrance, the face very much suffused, the eyes glazed and congested, and this condition would last for two or three days, when, with a certain amount of suddenness, the fever would diminish, the patient become calm, and this condition might be followed almost immediately by a state of collapse, with change of complexion and an appearance that tended to show the peculiar yellow discoloration, and then almost invariably, in bad cases, the disturbance of the stomach begun. Indeed, this last symptom was looked for as the most important in relation to the treatment of the disease, for as long as the patient did not vomit the case was considered to be progressing favorably. Many cases, however, died without vomiting. The patient might continue in this condition for a time, and then a second fever came on, or, as occasionally happened, the fever seemed to absolutely cease, the patient got into a condition that deceived everyone into the belief that he was convalescing, and then suddenly there was collapse and death.

At the time I speak of the disease was generally considered as an inflammation of the stomach, and I remember to have seen men supposed to be learned in medicine scrape off the mucous membrane of the stomach and exhibit it as the inflamed stomach, the seat of the disease. At that

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time I made a number of sections of these stomachs, and I never failed to find the cylindrical epithelium in position, as well as the peptic glands and cells.

With regard to the vomiting, it seemed rather remarkable that the evacuation of the stomach seemed to go on as by a peristaltic action. I have seen a patient in the morning repeatedly gulping, and I knew that before night he would be vomiting. The peculiar projectile character of this vomiting is very striking. The fluid will be thrown for a distance of one or two yards and with so little feeling of nausea that the patient would look up and say to the doctor, "Does that mean anything bad, sir?"

In a large number of cases there would be a vomiting of gastric juices—what we called at that time "white vomit"—hours before the black vomit came on; there was evidently an increased secretion in the stomach. A hemorrhagic condition is usually very marked. In that day, holding to the idea of its being an inflammation, the tendency would have been to treat it by blisters, but we did not dare to do so, because any abrasion of the surface produced a hemorrhage that was very hard to control. I have seen hemorrhage from every mucous membrane of the body.

Dr. Ruhräh: "Exhibition of Specimens."

Before showing the specimens of this case, which died recently at Quarantine Hospital, I want to speak of the general post-mortem occurrences of yellow fever, and, since it is such a rare disease here in Baltimore, it may refresh your minds to look at these post-mortem descriptions in some of the older books, which are in many respects better than those of the more recent text-books.

In the cases seen at autopsy there is generally either slight yellow or more or less orange-colored pigmentation of the skin, sometimes limited to the face and neck, but more generally spread over the trunk and limbs. This pigmentation varies very much, and in those cases that die early the color is lighter, while in those that linger for some time the color is more like mahogany, or even approaches black. In some cases that show no jaundice during life the yellow color is distinct after death; the same is true of hemorrhages, frequent ecchymoses being found in the tissues after death. The yellow staining may extend to the periostium, the spinal cord and even the brain substance itself.

The lungs are usually very much congested; in some cases pneumonia is present and in some the lung is perfectly solid. Hemorrhagic infarcts are apt to be found near the base of the lungs. In the heart we may find a pericardial effusion, but usually the only change is a degeneration of the muscle. In the late cases we may find the heart so softened and friable that it could be crushed between the fingers, and this is also true of other muscles of the body. The liver is the organ that suffers most. In most cases it is congested, but is about normal in size. There is a general idea that it is friable, but entirely too much stress has been laid upon that point. The organ is in a state of fatty degeneration, so much so that if it were tried out as much as 50 per cent. of its weight can at times be obtained in pure fat. The characteristic point, however, is the necrosis. In the necrotic area the central portion is yellow, while the peripheral vessels are much engorged. The spleen is seldom enlarged in cases of mixed infection, but in the simple cases may be slightly enlarged. The stomach and intestines show marked changes, the former usually being filled with black vomit, the mucous membrane covered with a reddish-brown substance, and if this is washed off we find the surface beneath it of a gray slate color. There is generally some engorgement, but in some cases the stomach is paler than normal. There is generally a marked inflammation in some portions of the stomach. The kidneys almost always show marked changes, such as are expected in any infectious disease, the most marked change taking place in the epithelium of the convoluted tubules, and consists of swelling and necrosis.

At the autopsy performed on this man we found the typical picture of yellow fever. The man was slightly jaundiced, there were echymoses in the skin and conjunctiva, and on making the head section we found the dura mater and periosteum of the cranium stained yellow. The cer-

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ebro-spinal fluid was yellow, and the brain substance itself was tinged. The brain was very much engorged and there were numerous hemorrhages. The heart and pericardium were apparently normal. The lungs were very much congested, and there were large hemorrhagic infarcts in the posterior portions of both; I have never seen lungs more congested than these. The liver was about the normal size and there was no evidence of friability, but it was so fatty that it was impossible to determine any necroses, the sections appearing like one mass of fat. The stomach was full of black vomit, and both it and the small intestine were covered with this mucous-like substance, which, when scraped off, left the mucous membrane of a grayish color. The spleen was about of normal size and probably a little congested. The kidneys were large and of a type generally spoken of as the large red kdiney. (The gross sections of the organs were submitted for examination.)

Drs. Wm. R. Stokes and L. F. Barker: "Exhibition of Micro-organisms."

Cultures were made from the blood and from the organs obtained at the autopsy described above by Dr. Ruhräh, and studied independently by Drs. Stokes and Barker. They were not ready to make a complete or final report, but neither had succeeded in isolating the organism of Sanarelli. They explained the methods of obtaining it, and gave an exhibition of its growth on culture media.

The president then announced that Surgeon-General Wyman had been prevented from attending the meeting, but had sent in his stead Dr. Sprague of the Hygienic Laboratory.

Dr. Sprague: The subject under discussion is one of interest to us all. I had the good fortune a year ago to see one case of this disease, but my experience is limited to that, and any knowledge of the disease I may have has been obtained through the kindness of others. Dr. Miles, in his remarks on the symptomatology of the disease, called to my mind very forcibly a feature of the disease that has been dwelt upon by one whose name almost means yellow fever, though, perhaps, he is not so well known to you as to the members of the Marine Hospital Corps—I mean Dr. Robert Murray—and that was in regard to the vomiting being a reverse peristalsis, as it were. Dr. Murray's idea was exactly in accord with that of Dr. Miles, and he thinks that in the treatment that if he can only keep the bowels moving he will not have the black vomit, and everyone knows how successful he has been in his treatment

In regard to the appearance that Sanarelli's organism produces upon agar, that seal-like appearance, it is very characteristic and very pronounced, and once seen you will remember it. I have never seen it as a cultural characteristic of any other organism. It is difficult to obtain, though, and my own opinion is that it is a trick of Sanarelli's in the technique. It may depend upon some point in the making of the media, in its alkalinity or in the way in which the organism is spread upon the agar, but I am sure if we once see Sanarelli do it we shall be able to secure the same picture.

Dr. Miles: I want to submit here the excellent report of this case made in the hospital by Dr. Latane.

Dr. L. F. Barker: "The Attempts that Have Been Made to Determine the Cause of Yellow Fever."

For years the etiology of yellow fever has been the most absorbing problem in American medicine. In the upper part of South America and the Spanish Main an enormous number of victims are given to the disease every year. All efforts toward curing a disease nowadays are preceded by studies of its etiology. I need not stop to mention the early bacteria that were isolated and supposed to be the cause of yellow fever—for instance, those for which claims were made previous to the work done by Dr. Sternberg—but will begin with his work toward the end of the eighties and the beginning of the nineties. Dr. Sternberg worked for several years over the causation of the disease and its pathology, and undoubtedly did us all a great service by describing so accurately his findings. He isolated several organisms from yellow-fever cases, but came to the conclusion when his work was done that he had not isolated the cause of the disease. His bacillus *x* was discovered in about half of the cases

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examined. He brought large amounts of fresh material, some collected within two hours after the death of the individual, to Baltimore, and took some of it with him to Europe, where he made a careful study of it, and also turned some of the tissue over to others for study. One thing he did learn was that if he wrapped pieces of the liver in aseptic cloth and put it in the thermostat over night he could in this tissue afterwards demonstrate large numbers of bacilli, and that experiment has been repeatedly followed up since by others. It is very improbable, of course, even if Sanarelli's bacillus is present in the liver, that the bacilli which multiply in a piece of liver treated in that way are the bacilli of Sanarelli. In a large number of yellow-fever cases, as Sanarelli himself says, other organisms are present, and as Sanarelli also states that his organism is very easily killed out by other organisms, it would seem that in such pieces of liver the ones that multiply would be those other than the one described by Sanarelli.

I remember that when I came to the Hopkins in 1891 there was much excitement in the laboratory, as Drs. Welch and Councilman were both working on this subject, and the amount and quality of the material they had made such study well worth while. I well remember the enthusiasm manifested by Dr. Councilman when he found some curious changes in the liver cells. It was before the time when necrosis was thoroughly understood, and in studying these necrotic areas he thought he possibly had the cause of the disease, that it was some amœbic organism, and for some days there was some talk of starting an expedition either to Havana or Rio to see if these amœba could not be obtained and isolated in the living body. A further study, however, by Drs. Welch and Councilman resulted in clearing up most of these curious phenomena. It was shown to be a degeneration of the liver cells, and since then these changes have become familiar to all who work on the pathology of the liver.

About this time the very remarkable studies of Hobbleberg in Rio were published. He found an organism in the stomach of yellow-fever cases, but not in the blood or tissues. It was not well distinguished from the bacillus coli communis, and probably was that or a member of that group. This was followed in 1897 by the startling discovery of Sanarelli. He isolated his bacillus in 58 per cent. of his cases, and admitted that in 42 per cent. he could not find it. It was always coexistant with other organisms, but he was fortunate in finding it in the second case examined in almost pure culture. He found it in the tissues and in the blood, but said it was absolutely absent from the alimentary tract, and he came to the conclusion that the infection occurred through the lungs. In a subsequent paper he published some remarkable experiments on men. In the first communication he spoke of the production of the poison, which was very injurious to animals, killing them with symptoms of hemorrhage, fatty degeneration and the production of a yellow discoloration. In his second article he described some experiments which we, in an Anglo-Saxon country, would certainly consider criminal. He did not use a living culture of the organism, but the toxine, and, after injecting his patients, described the phenomena that followed. He is said to have produced first nausea, then black vomiting, hemorrhages, coma and collapse. It is really blood-curdling to read his description. It is interesting to note that his first article appeared in the annals of the Pasteur Institute, but his second article was not printed there. His report excited great interest throughout the world, and many bacteriologists turned their attention to a study of his investigations. Since then he has produced a curative serum to be used in the treatment of yellow fever. As yet the statistics are not sufficient to tell us how beneficial this will be. His first statistics gave a mortality of 22.5 per cent., a mortality less than that of many epidemics, though there have been epidemics with a mortality lower than that. In his first and second articles Sanarelli said nothing about the agglutinative action of the blood serum upon his bacillus, but later, when the Widal test became so generally employed, many investigators tried to employ it in this connection, sometimes

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obtaining the reaction and sometimes failing.

Dr. Sprague: They usually succeeded with dilutions of 1 to 10.

Dr. Barker: Which, of course, is of no practical value. Very soon after Sanarelli's publication Dr. Sternberg read it carefully, looked up his own report, and found that his bacillus *x*, in many of its characteristics at any rate, corresponded to the bacillus of Sanarelli. He also found his organism in about half of the cases examined, had found it present with other organisms, and believed it a secondary invader, and he came to the conclusion, in a long polemic in the *American Journal of Medical Sciences*, that if bacillus *x* and the bacillus icteroides were identical, and were the cause of yellow fever, then he discovered it, and if they were not the cause of yellow fever, why, that was what he said in 1890. He immediately set two of his scientists, namely, Drs. Reed and Carroll, at work upon bacillus *x* and the bacillus of Sanarelli. They found that bacillus *x* was not identical with the bacillus of Sanarelli, but they found that in working with the bacillus of Sanarelli that it constantly reminded them of another bacillus, namely, that of hog cholera. They discovered this when inoculating animals with Sanarelli's organism and finding that it produced curious lesions in the intestines.

They consulted Dr. Theobald Smith, an expert, upon this subject, who thought the organism they were working with might be placed in the hog-cholera group. They then obtained the hog-cholera bacillus, experimented with it, and, so far as they could find, it seemed practically identical with the organism of Sanarelli.

Their report was followed by a lively article from Sanarelli, in which he suggested that Drs. Reed and Carroll had mixed up their cultures and worked with hog cholera instead of his organism. He urged several differences between the two organisms, and said that the growth of the two upon potatoes was quite different. He accused Carroll and Reed of being unfamiliar with the literature of the subject, and advised them to study it up, but it turns out now that the bacillus to which Sanarelli was attributing these differences was not that of hog cholera, but the bacillus of swine plague, so they may now return him his own advice.

Finally, we have just had published this very interesting report from Havana by Drs. Wasden and Gittings. I believe their report states that out of fourteen cases of typical yellow fever the bacillus icteroides was isolated in thirteen. Of course, that is very strong evidence in favor of Sanarelli's bacillus being the cause of yellow fever, for if we can get it from the blood in thirteen out of fourteen cases it looks as if it stands in some causative relation.

Adjournment. H. O. Reik, M.D.,
Secretary.

5 West Preston street.

Medical Progress.

An Unusual Case of Vaccination.—Dr. E. T. Duke of Cumberland, Md., reports the following: During a slight epidemic of smallpox in this city, in February, 1899, I vaccinated Mr. Albert Grant, a traveling salesman, age twenty-five years and in excellent health.

He returned to see me in two weeks and the vaccination had failed to take. As he had been vaccinated in childhood and a small scar remained, he was not revaccinated. In the month of August following he visited Atlantic City and was daily on the beach in bathing costume.

Within a few days after being exposed to the intense heat of the sun a vesicle formed at the point of vaccination, his arm became inflamed and swollen, and following this a scab formed, which remained for three weeks, and being removed left a well-marked cicatrix. The experience was a new one to me, and when he returned and exhibited the arm, with the history as given, I began to look up the subject of latent vaccine virus. Dr. W. B. Atkinson of Philadelphia wrote me he has known of delayed development of the virus, but none so long as this case—six months. He agrees with me that the sun's rays caused the absorption of the virus.

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BALTIMORE, MD.

WASHINGTON OFFICE:
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BALTIMORE, OCTOBER 28, 1899.

John Crawford.

LIVES of great men long since dead often remind us that many facts and theories considered of recent date are but repetitions of what was thought of in years gone by. The interesting history of that wonderful man, Dr. John Crawford, as told by Dr. Eugene F. Cordell in the *Johns Hopkins Medical Bulletin*, is well worthy of a careful perusal by every physician of Baltimore and Maryland. He was born in 1746, and died in Baltimore in 1813, and in that period of time he lived a varied and eventful life in various parts of the globe, always leaving the impress of his character and learning wherever he lived, and finally settling in Baltimore, where he occupied positions of honor and trust, and was so far ahead of his times that his colleagues considered him a little queer, and derided his peculiar theories and ideas.

He was not one of the founders of the Medical and Chirurgical Faculty, as so many physicians of that period were, but he was a man who was constantly on the lookout for what would benefit his fellow-men, and he advanced theories which were considered at that time absurd. It was in 1800 that he obtained some vaccine virus and used it in Baltimore, probably about the same time as Dr. Waterhouse did in Massachusetts, and yet to the latter is credit given for the first introduction of vaccination in America.

One of the most notable works of Dr. Crawford was his lecture delivered in 1811, entitled "Introductory to a Course of Lectures on the Cause, Seat and Cure of Diseases," in which he set forth the theory of germ life and the use of antiseptics. He had noticed the dust and small particles in the slanting rays of the sun, and argued that if so much could be seen in the air there must be more that could not be seen His principle of the *contagium vivum* was hardly accepted by his cotemporaries. His views were not altogether theories, for he carried them into practice, urging the removal of the sick from unhealthy situations, and preached absolute cleanliness and all those things that go to make up a perfect hygiene, such as pure water, pure air, pure food, proper clothing, proper sewerage and the right way of living.

His efforts were met with ridicule and opposition, and he well knew what would be the fate of his work, and yet he labored on faithfully and conscientiously.

The sketch of his life, which Dr. Cordell so graphically relates, should be read by all those who take an interest in the history of medicine and who admire that greatness which seeks to overcome all obstacles and is not afraid of ridicule.

* * *

The Faculty's Semi-Annual Meeting.

LAST week the official notice of the semi-annual meeting of the Medical and Chirurgical Faculty at Westminster was given. The change in having a session of one day instead of two will surely attract more members, for all the work will be concentrated into one day and not so much time will be wasted. As the chairman of the executive committee announces, it is the beginning of a new century in the life of the Faculty, and all physicians, whether members or not, should make an endeavor to be present. The official programme has not yet been made out, but it will appear in these columns the week before the meeting, and yet the announcement that Drs. Flexner and Barker will give their experiences in the far East will surely be of great interest.

It is only in the last few years that the Faculty has reached out through all the State and has shown the members outside of Baltimore that it is truly a State society and not limited to the city of Baltimore.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 21, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	12
Phthisis Pulmonalis	1	20
Measles	1	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	58	4
Mumps	1	..
Scarlet Fever	†18	1
Varioloid	..	..
Varicella	3	..
Typhoid Fever	*15	7

†3 cases imported. *4 cases mported.

There is not a physician in Guam.

Dr. Bagby has resigned as health officer of Newport News, Va.

Dr. J. W. Bechtel, the only homeopathic physician in Alexandria, Va., died suddenly last Sunday.

Dr. Alexander C. Abbott has begun his lectures on hygiene at the Johns Hopkins Hospital before the medical students of the third year.

The Johns Hopkins University will send an exhibit to the Paris Exposition. The hospital will be represented by a full list of reports and journals.

The French government is watching carefully all vessels that come from infected ports in Portugal or Spain, where the plague has appeared.

The Royal College of Surgeons of England will celebrate its centenary next year, and preparations are already being made looking forward to the event.

Dr. N. G. Keirle, Jr., a recent graduate of the College of Physicians and Surgeons and a son of Prof. N. G. Keirle, has been appointed assistant resident physician at Bayview.

If the city council of Baltimore does not give the city dispensaries any money for next year it is threatened that these dispensaries will be closed. If this comes to pass the young physicians will have a better chance.

The eleventh annual meeting of the Tri-State Medical Society was held in Chattanooga Tuesday, Wednesday and Thursday, October 24, 25 and 26, 1899. Dr. Harry Gross of Baltimore read a paper on "Pelvic Operations Through the Vagina."

Dr. Richard Grady, M.D., D.D.S., has been appointed over many competitors dentist to the United States Naval Academy at Annapolis. The salary is $1600. There have been but two dentists at the Naval Academy since its organization in 1845, Dr. Walton, who resigned, having served since 1856.

The Hospital for Consumptives has awarded the contract for an addition, which will include modern flush water-closets and enameled bathtubs. This hospital is doing a steady work, and the results of treatment in incipient cases is most satisfactory. Early in the spring a cottage will be erected. Both pay and free patients are admitted.

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a second series of clinical lectures on diseases of the skin in the out-patient hall of the hospital on Wednesday afternoons, commencing November 1, 1899, at 4.15 o'clock. The course will be free to the medical profession.

Kussmaul of Vienna recently declined to sign the requirements provided for the examination to practice medicine, because the students were not taught the practical use of hydrotherapy and hygiene, which he regards as the most important, as well as the most neglected, department of medical teaching and practice.

The ninth annual meeting of the American Electro-Therapeutic Association was held in Washington, D. C., September 19, 20 and 21, 1899. The officers elected for the tenth year are: President, Walter H. White, M.D., Boston, Mass.; first vice-president, D. Percy Hickling, M.D., Washington, D. C.; second vice-president, Charles O. Files, M.D., Portland, Maine; treasurer, Richard J. Nunn, M.D., Savannah, Ga.; secretary, George E. Bill, M.D., Harrisburg, Pa. The next annual meeting will be held in New York city September 25, 26 and 27, 1900.

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Washington Notes.

Smallpox has again made its appearance at Alexandria. The case was discovered October 20 and is of the milder type.

Dr. Alonzo B. Richardson is acquainting himself with the workings of the Government Hospital for the Insane, and will assume full authority over the institution November 1.

The mortality in the District for the past week was 138. There were thirteen fatal cases of typhoid fever and ten of diphtheria. There are sixty-nine cases of diphtheria in quarantine.

A special officer has been detailed to enforce the medical-practice law in the District, and it is requested that a fixed compensation be made for the members of the Board of Medical Examiners.

Acting Assistant Surgeon Evan F. Howell, U. S. A., now at San Francisco, has been ordered to report for duty with troops en route to the Philippines. Acting Assistant Surgeon A. H. Macbeth has been ordered to San Francisco.

Major Woodhull, chief surgeon at Manila, has cabled Surgeon-General Sternberg requesting that forty female nurses be sent to Manila on the first available transport. This will make a total of nearly 100 trained female nurses in the Philippines.

At the Medical Society of the District of Columbia Wednesday evening, 25th, Dr. L. Eliot reported a case of gunshot wound of the knee-joint. Dr. Vale reported a case of thoracic aneurism diagnosis made by the *x*-ray. Dr. Borden reported four cases of appendicitis, with specimens.

The meeting of the committee appointed by the National Educational Association to make an investigation of the project for a national university to be located in this city will be held November 2. The nucleus of this educational plant has been in operation for some years, the departments of law, medicine and dentistry being among the top-notchers.

REPRINTS, ETC., RECEIVED.

Acetosoluble Albumen in the Urine. A Brief Review of the Literature on the Subject and a Report of Two Cases. By W. M. L. Coplin, M.D. Reprint from the *Philadelphia Medical Journal.*

Book Reviews.

Mr. W. B. Saunders announces the following works in press for publication early in the fall of 1899:

Heisler's Embryology. A Text-Book of Embryology. By John C. Heisler, M.D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia. 12mo volume of about 325 pages, handsomely illustrated.

Pryor—Pelvic Inflammations. The Treatment of Pelvic Inflammations Through the Vagina. By W. R. Pryor, M.D., Professor of Gynecology in the New York Polyclinic. 12mo volume of about 250 pages, handsomely illustrated.

Jackson—Diseases of the Eye. A Manual of Diseases of the Eye. By Edward Jackson, A.M., M.D., late Professor of Diseases of the Eye in the Philadalphia Polyclinic and College for Graduates in Medicine. 12mo of over 500 pages, with about 175 beautiful illustrations from drawings by the author.

Kyle on the Nose and Throat. Diseases of the Nose and Throat. By D. Braden Kyle, M.D., Clinical Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Laryngologist, Rhinologist and Otologist, St. Agnes' Hospital. Octavo volume of about 630 pages, with over 150 illustrations and six lithographic plates.

Abbott on Transmissible Diseases. The Hygiene of Transmissible Diseases: Their Causation, Modes of Dissemination and Methods of Prevention. By A. C. Abbott, M.D., Professor of Hygiene in the University of Pennsylvania; Director of the Laboratory of Hygiene. Octavo volume of about 325 pages, containing a number of charts and maps and numerous illustrations.

The International Text-Book of Surgery. In two volumes. By American and British authors. Edited by J. Collins Warren, M.D., LL.D., Professor of Surgery, Harvard Medical School, Boston; Surgeon to the Massachusetts General Hospital; and A. Pearce Gould, M.S., F.R.C.S., Eng., Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Surgeon to the Middlesex Hospital, London, England. Vol. I. Handsome octavo volume of about 950 pages, with over 400 beautiful illustrations in the text, and nine lithographic plates.

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Original Articles.

THE MILKMEN'S WAR.

By John S. Fulton, M.D.,
Baltimore,
Secretary of the State Board of Health.

THE daily press has recently chronicled the belligerent activities in two opposing camps of milkmen. Upon one side are the large dairy farmers, who have organized a syndicate with the intention of controlling and marketing the milk supply of Baltimore, and, on the other, the city milk dealers and the small farmers are raising the cry of monopoly. As the contest waxes the interests of the public are hurled back and forth between the fighting lines, and it will no doubt presently appear that the welfare of the milk-consuming public is the only *casus belli*.

Already both sides have declared that the milk supply of Baltimore might be of better quality without increase in price and at greater profit to milkmen. Some of us suspected long since that part of this might be true, and thought that both the city and State might do whatever is necessary to bring the products of our dairies up to a reasonable standard. Whenever the legislature has been asked to impose any regulations upon the dairy farmers it has been objected that the price of milk would necessarily be enhanced, which, of course, would be calamitous to the milkmen. On this point the dairymen from the hills of Harford county and from the hells of Highlandtown have cried aloud as one man—the man of the hills avowing that he cannot sell for less than eight cents a quart, and the man of the hells that he cannot take more than six cents a schooner.

Now the combine proposes to recognize more than two grades of milk, and to establish a scale of wholesale prices based on the quality of each dairyman's product. Bacteriological and chemical examinations, with systematic inspection of cattle and dairies, are the means provided by the combine for grading the samples, determining the price and so gradually improving the quality of the milk.

To this arrangement the small farmer objects that only a maximum price is guaranteed, and that but little higher than he already gets. The objection of the schooner milkman from Highlandtown is that he does not want to be rewarded for the bacteria and other trimmings that go with his milk.

The chief enemy of the combine, however, is the city milk dealer, whom the combine has left out of the account. The city dealer has no cow, nor stable, nor any milk to be tested. Nothing will be left to him except the cream of the business, which is water. The combine offers to employ them as drivers of delivery wagons, but the dealers have no stomach for the simple joys of honest industry, and to escape such a fate have made firm compact with the small farmers on one hand, and the swill men on the other, to defeat the purposes of the combine.

In this triple alliance farmers are decidedly out of place. The interests of the smallest dairyman are clearly with the combine. Let the real dairy farmer do his very worst, he cannot make his cows yield so bad or so cheap a brew as the swill man sells, while, on the other hand, he can bring the quality of his product up to the highest standard. If the public are to get any advantage out of this trade quarrel it will be in the fixing of a great gulf between farm milk and swill milk. While

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the promoters of the combine do not say so, there is no doubt that the swill men will be sent to their own place, and that is no place for any farmer.

The conditions observed in some of these swill dairies cannot be described better than by saying that they are infernal. The stench, the darkness, the reeking fog, the temperature, the dirty milkers, the coughing cattle pouring out milk and urine simultaneously (they all have polyuria)—these things overpower all the senses. The observer, who has described one of these stables to us, said that they must be seen twice before one could believe the evidence of his senses.

If the milk war now waging shall draw a broad line of demarcation between these urban dairies and the poorest farm dairy the public will be benefited.

So far as the systematic examination of milk and inspection of herds and stables are concerned the premises of the combine are most praiseworthy.

It has been evident for some time that there is a growing public demand for State legislation on these very subjects, and the growth of this influence cannot have escaped the more intelligent milkmen. They will undoubtedly be in an excellent position to prevent excessively vigorous legislation if the project of the combine is effected. The leading features of the present strife furnish most emphatic evidence that dairy laws are badly needed in Maryland.

MERCURIAL POISONING AND AMALGAM FILLINGS.

A MEDICAL VIEW; THE DENTAL ASPECT.

By Richard Grady, M.D., D D.S,
Baltimore,
Co-Editor of *American Journal of Dental Science.*

READ BEFORE THE MARYLAND STATE DENTAL ASSOCIATION, BALTIMORE, OCTOBER 26, 1899.

Mr. President and Gentlemen:

My interest has been aroused concerning the subject upon which I have the honor to address you this evening by a paper on "Mercurial Neurosis Resulting from Amalgam Fillings" read before a medical society in New York. That paper may stimulate some of us to an earnest study of the subject and put in motion a new train of thought. It seems, however, a duty, in the light of what has developed on the dental side of the issue, to call attention to, and record a protest against, the views promulgated, in the hope of preventing serious consequences which may follow such teachings. Their publication and dissemination cannot fail to be productive of incalculable harm when regarded with respect to their effect upon dental practice. They are read by thousands and have their influence according to the knowledge of dentistry which the individual reader has. Comparatively few understand the real worth of dentistry as represented by its progressive practitioners.

The fitness of amalgam as a filling material has given rise to much discussion and a large amount of experimental research. The odium attached to it is largely due to its misuse. Bromine, arsenic, prussic acid, nux vomica, cantharides, digitalis, conium, opium, and particularly iodide of potassium, have produced salivation, and in the face of this statement ("Forensic Medicine and Toxicology," Woodman and Tidy), why is the mercury in amalgam fillings made to bear so great a burden?

The author referred to wants to show that the use of amalgam by mercurial poisoning seriously affects the nerve centers, impairs locomotion by heaviness of limb and stiffness of joint, gives rise to obstinate diseases of the skin and makes a mental wreck of its victims, whose imaginations and hallucinations are more than his pen can describe. He admits that it requires considerable nerve for the physician to insist upon a patient's enduring the "agony, torture and expense" of having amalgam fillings removed and gold fillings inserted.

Physical examination, he says, reveals nothing to assist the physician in making a diagnosis of the case. As you know, neurosis is a disease not accompanied by any appreciable change of structure. There is, however, nervous depression, irritability, unreasonableness, an inability to overcome and throw off the feelings of oppression which settle upon the patient and hold him as in the clutches of despair

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until his ambition is broken, his energy is gone, his purpose is lost, and he drifts for lack of power to concentrate his actions and assert himself as a force in the world. There are shifting, shooting pains here and there, from head to foot, affecting sometimes one part and then another; numbness of the hand, foot or jaw; heaviness of the leg, arm or head, with an almost inability to move them, and a feeling as though one would fall or lose consciousness. Again, there is a mental excitability as well as mental depression, perplexing events causing the highest degree of excitement, ordinary conversation sometimes causing complete confusion, headache, palpitation, intense solicitude and anxiety without reason for it. Such are some of the symptoms said to be attending these cases.

To bring the pathological conditions more clearly to the thought of his hearers, the author cited five cases which had come under his observations, also alluded to his own case, and said further that he could describe several other cases, in one of which the fillings had been in between twenty-five and thirty years and the toxic effect manifest for twelve years. He doubts not that insane asylums have many an inmate of a mental state developed by amalgam fillings which produced excitation or sluggishness of brain, impaired thought, destroyed memory, blunted perception and relegated to despair what might otherwise have been a bright and brilliant career. In passing, it might be remarked, on the other hand, that it is charged that the nervous strain of long-continued operations of gold fillings has produced its quota of inmates in early graves and insane asylums. Every observing dentist knows that some patients are extraordinarily susceptible to shock. There may be some special reason for a sitting of three or four hours, but you all know Dr. Black's case of a young woman of fine physical development, who, after three hours' continuous operating and a rest of two hours, was in a "stupid condition," and more or less an invalid four years after the incident.

Having read this physician's paper with great interest myself, it occurred to me that a *résumé* might prove profitable to the members of this association for discussion. I shall try to dispose of the cases almost as briefly as Bret Harte, in his "Condensed Novels," did of some of the characters in Charles Reade's "Handsome Is As Handsome Does:"

"1. Mr. and Mrs. Dodd (dead).

"2. Mr. and Mrs. Harden (translated).

"3. Ruby (I do not know about; he came of a long-lived family, and the gout is an uncertain disease)."

To begin with his own case of physical and mental collapse, which he believed was due to several amalgam fillings, that is, the mercury absorbed from those fillings. Two weeks after the removal of the fillings he felt like another man. Having absorbed mercury from those fillings, which he carried for thirty-eight years, he can appreciate the sufferings of others when they rehearse experiences which he had realized; consequently he readily recognized the same enemy to their peace and happiness which had shattered his own.

Case 1.—Miss F., aged thirty-three; in excellent health previous to an attack of la grippe four years earlier. Numbness of hands and stiffness of jaws led to examination of teeth. Found five amalgam fillings which he believed had caused mercurial neurosis. She steadily improved on removal of the fillings, and had not been so well in five years.

Case 2.—Miss E., whose sluggish gait, heaviness of limbs and stiffness of jaws led to examination of mouth and the finding of nine amalgam fillings. Gold substituted, and she became animated and has continued to improve, although still suffering from the effects of the absorbed mercury.

Case 3.—A young lady, restless, sleepless, irritable, hysterical, etc.; all her functions normal; had sixteen amalgam fillings; several of the teeth contained gold fillings. The fillings were removed, the young lady improved, all her nervous feelings disappeared, and she manifested none of her nervous troubles after the removal of the fillings.

Case 4.—Mrs. N.; extremely nervous, with neuralgic pains in the chest and palpitation of the heart. Examined her teeth and found one large amalgam filling in a

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lower molar. On its removal, immediately she felt better. She concludes a letter to the doctor with these words:

"Oh, Doctor, how I wish I had taken your advice last spring and saved myself the sufferings of the summer and autumn! I wish I had never had it put in my mouth. No dentist would put in another for any amount of money. I want to thank you with all my heart for insisting upon my having that filling removed and bringing brightness again into my life. Days when I feel well I am the happiest woman living. I only long to feel entirely well, and trust as the poison passes off that I shall."

Case 5.—Mrs. H., aged twenty-six; very excitable; afraid to go out alone in the street and stores lest she become unconscious and be taken to some hospital; stiffness of jaws, left side of head and ear numb, large toe of right foot numb; nine amalgam fillings, believed to be the cause of her condition, removed and replaced with gold or "bone." In one week she improved; in three weeks hardly believed to be the same woman; gained twenty pounds in weight after the removal of the amalgam fillings; nine physicians had previously treated her.

Cases similar to this physician's are being constantly brought forward in our own city.

I am not prepared to express any opinion as to the extent to which similar views are held by medical practitioners generally. The deductions of physicians when not supported by conclusive evidence may be mistaken. Since the question first became a matter of dispute the controversy has led to many and various opinions being entertained. It can scarcely be said that the views expressed in the paper mentioned have been universally accepted, and yet in discussing it I lay myself open to questions I may not be able to answer and to arguments I cannot demolish.

Dentists, as is well known, use amalgam freely. Without doubt more amalgam than gold is used today, and amalgam fillings outnumber gold. There is hardly a dentist in practice who does not use it. Some dentists maintain an aggressive attitude toward amalgam, and claim never to use it under any circumstances, and some hold the opinion that its use has degraded operative dentistry. Tons have been used and no injury has ever been proved to have been caused by it. In very susceptible constitutions it is reasonable to believe that it may exert an influence on the general system. My friend, Dr. Talbot of Chicago, says that he is an instance of unusual susceptibility to mercurial poisoning, and that if he should rub up two amalgam fillings in the palm of his hand each day for three successive days he would be attacked with paralysis agitans; but it is beyond conception that the mercury from an amalgam filling should be absorbed by the dental tubuli and go back into the system to work harm. That mercury is absorbed by the tubuli of the teeth has been proven by extracting the globules from the dentine of teeth long filled with amalgam (so says Dr. Junkerman), and that when mercury is used in excess in copper amalgam, oxide of copper is formed, which prevents absorption by the teeth. As to the effects of mercury, "we all know," says Dr. Allport, "that teeth long filled with amalgam become brittle, showing that mercury has affected the structure. This effect, it seems, must be from the evaporation of the mercury, and the vapor would be in the line of the least resistance, that is, between the filling and the tooth."

About the year 1826 "silver paste" was advocated in France for permanent fillings in teeth. This preparation was first brought to notice in the United States through the advertisements of two Frenchmen, who called it "Royal Mineral" replacer or substitute. It was soon proven that instead of being a mineral compound, it was purely metallic, and consisted of silver and copper rendered temporarily plastic by the addition of mercury. It was easily manipulated, and they were enabled to fill a class of teeth, with frail and broken cavity walls, such as had never been attempted by the most skillful surgeons.

Scientific investigation as last was imperative, and as a result the foremost men who had been arrayed against it now became the ardent supporters, among whom was the president of the American Society of Dental Surgeons, who found that

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the cry of mercurial ptyalism was not supported by facts. This investigation gave birth to an organization called "The New Departure Corps." Its work gave to dentistry what is known as the "new-departure creed," expressed in the following statements: "In proportion as teeth need saving gold is the worst material in use." "Abolish gold! Use nothing but amalgam!" These men did much to improve the formula for amalgam alloys. It has gone through many changes, until now the following is recognized: Silver, 60 to 70 per cent.; tin, 30 to 35 per cent., and gold and zinc, 5 to 10 per cent. The amalgams are essentially chemical compounds, the combination of mercury with the metals composing the amalgam alloy taking place in definite atomic ratios.

There was a time in the history of amalgam when it was worth a man's reputation to acknowledge its use. The fathers of dentistry fought to the bitter end the subject of amalgam fillings—one side to prove it harmless, the other to condemn its use. But I anticipate that my honored friend, Dr. Volck, who is a connecting link between that day, which is happily past (when all who did not pledge themselves not to use amalgam were obliged to resign or be expelled from dental societies, and those who had been the best of friends became enemies), and the present, will speak of that time from personal knowledge in opening the discussion.

An ordinary-sized cavity will require, say, five grains of alloy. After adding, say, five grains of mercury and thoroughly mixing, one and one-half grains of mercury can be expressed, leaving three and one-half grains of mercury in a filling of eight and one-half grains. The object in putting an excess of mercury in the mixture and then expressing the surplus is to facilitate a complete and thorough amalgamation. Such a filling, placed in a properly-prepared cavity, makes what dentists recognize as a good filling, from which no mercury can be removed so long as it remains in the mouth. This is the consensus of opinion of all scientific practitioners of dentistry throughout the world.

It is claimed, however, as in the physician's paper quoted, that the mercury does get out and is absorbed into the system, producing mercurial neurosis, ptyalism, etc. If any of the mercury could be removed from such a filling it would no longer be a fit stopping for the tooth; it would be disintegrated, soft and would fall out, either by mastication or the use of the toothbrush. It is not found that amalgam fillings are acted upon that way. Fillings that have done good service for thirty years are as hard as the day they were inserted. The mercury can be removed by heat, but sufficient heat cannot be produced so long as the fillings remain in the mouth. The boiling point will not eliminate it, and as the tissues of the mouth will not tolerate anything approaching that temperature, heat is excluded.

As to the action of iodine on amalgam, Dr. Bogue says: "I did not make any experiments at all relative to the systemic effects of iodine upon mercury which had entered the system from amalgam fillings in the teeth, perhaps because most of the patients for whom I have the honor of operating have not during my time been subjected to a dull heat, which is about the temperature required to produce either of the two poisonous salts of mercury." And Professor Blythe says, in speaking of amalgam, that the mercury is in a state of combination too powerful to be attacked by the fluids of the mouth.

That serious consequences will sometimes follow the insertion of any filling material placed in a cavity of a tooth is admitted, but such results are not due to the nature of the filling material, but to the condition of the tooth at the time of filling. For instance: (1) The pressure of the fillings on exposed pulps; (2) where a filling is inserted over a devitalized pulp, or (3) where the pulp has been removed and the canals not properly sterilized. The results are facial neuralgia, shock from thermal changes, pain on percussion, pericementitis, alveolar abscess and great cellulitis, elevated temperature, fetid breath and excessive flow of saliva, with corresponding constitutional depression. When amalgam has been used in a filling of this kind all these conditions were charged to the mercury in the amalgam, but anything that will hermetically

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seal a cavity containing septic material will, on true surgical principles, elevate the temperature just as an abscess without a drainage tube or any cavity in any part of the body containing septic material with no outlet.

Conscientious observers, highly regarded socially and professionally, give this testimony, with which I conclude:

Dr. Jarvie says: "I have practiced dentistry for thirty-five years, and have yet to see the first case where injurious results have attended the intelligent use of amalgam."

Messrs. John and Charles Tomes made practical experiments from 1861 to 1872 with filled teeth and amalgam pellets, weighed with marvelous accuracy, placed in bottles containing saliva acidulated with nitric, acetic, citric or hydrochloric acid, and kept in a water bath inside another water bath at a uniform temperature (blood heat) for a period of three months, in order to prove by analysis of the saliva whether or not amalgam fillings could be capable of producing mercurial ptyalism. The certificate was that the saliva contained no mercury in solution.

Dr. C. N. Pierce has said in regard to amalgam-ptyalism that it is a thing of so rare occurrence that he believed the profession had never heard of but one practitioner who thought that that result was produced by amalgam, and he must have been the president of a large dental association in one of the Western cities of whom I have read, who, when he was asked if he had ever heard of amalgam fillings causing nervous troubles, replied, "Yes, we have. It is not common, but some people are poisoned by the mercury, as I can prove," and then cited the case of a man in that city who was a nervous wreck, given up by several physicians. At last one doctor said he believed him to be suffering from mercurial poisoning, and, upon examination, found seven amalgam fillings in his teeth. They were removed, and from that day the man began to improve, and is a strong, well man today, scarcely knowing what a nerve is.

Dr. J. H. McQuillen has said that in an experience of fourteen years he could not recall a single case of ptyalism, and his own experience had made him look with considerable doubt as to the value of their judgment or opinions as reliable diagnosticians upon those who assert that they have seen so many cases.

Dr. C. P. Fitch has said in regard to its toxical or injurious effects upon the system that "he was inclined to question, if not wholly doubt, any such influence, and had yet to see the first case of ptyalism due to the presence of mercury in the amalgam."

Dr. J. M. McGrath has testified for himself and his father, who had an amalgam experience of ten or fifteen years, that as yet "they had never seen any bad effects resulting such as had been ascribed to its use."

Dr. Flagg says: "It now remains for me to add my testimony of thirty years, with the assertion that during all my amalgam experience I have never seen one case of mercurial periostitis, mercurial ptyalism, mercurial necrosis or the slightest symptom which could be ascribed to mercurial action. I have treated them experimentally with chloride of potassium to demonstrate its utter impotency, and have then cured every case without the use of any anti-mercurials, and have left the teeth filled with amalgam. If anything more than this is required I have it not to offer."

720 North Howard street.

Correspondence.

INSURANCE PHYSICIANS INTERFERING.

BALTIMORE, October 19, 1899.

Editor of the Maryland Medical Journal:

Dear Sir—I wish to call the attention of the profession to an evil under which we are laboring, in the hope that some means of relief may be secured for it. Many of us are frequently called upon to sign certificates of sickness for the poorer class of our patients who hold policies in some of the life insurance companies operating in this city. Now, it is a common thing for these companies to send their

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medical men to see these patients, and I should not object if they simply called as agents or inspectors to ascertain that the applicants for sick benefits were actually laid up and not practicing any deception. But I regret to say that our society brethren do not confine themselves within such limits, but proceed (in our absence, of course) to examine, to feel the pulse, look at the tongue, test the temperature with thermometer, make examination of lungs, heart and excretions, smell and taste the medicine and ask a great many questions. I have known them to question the diagnosis, and even to deny its accuracy; nay, more, I have been told that they have solicited patients to employ them instead of their previous attendant.

Now, all this is contrary to the code of ethics, and I am sorry to say that I am compelled to believe that they do these things in defiance of the code. Only a few days ago I called to task for them the medical director of perhaps the largest of the companies operating in the manner indicated. He defended the visits and examinations of himself and colleagues on the ground that Judge Dennis had said they had the right to make them, and also because it was their living. He as much as said the Medical Society and its code might go to the bad (he is a member of the Medical and Chirurgical Faculty), for if there were any question between the Medical Society and the insurance society he would not hesitate a moment to pitch the former overboard. I could not help thinking this was a very dangerous position for any physician to occupy who valued his professional reputation.

Now, what are we to do to prevent this violation of our rights? These gentlemen are almost all out of the reach of our State Society. We cannot think of settling it by making it a personal matter between us and them. What, then, is the remedy, if there be one? I should be glad to have the views and suggestions of your readers. Your, very truly,

EUGENE F. CORDELL, M.D.

203 West Franklin street.

Medical Progress.

ETIOLOGY OF MALARIA.—The originality which Koch has displayed in most of his previous work, says the Journal, is again shown in his official report on his studies of malaria at Grosseto. We learn from his report that he has been working at Grosseto in Tuscany, Italy, in conjunction with Professor Trosch and Dr. Ollwig, during the past summer season. This town is notorious for the prevalence of malaria during the hot season, which induces thousands of the inhabitants to leave it during the summer. Researches in the large public hospitals, as well as in the private practice of the sanitary officer, Dr. Pizetti, showed that prior to July 23 there were relatively a small number of fever cases, and that these were invariably relapses of infections dating back to previous summers. After this date, however, new infections occurred in such numbers that the term "epidemic" could be used. The diagnosis was based on the presence of parasites in the blood in 408 instances, confirmed by the microscope as well as the clinical history, while all suspected cases in which the parasites were not found proved to be not malaria by the subsequent course. Of the 408 cases, fifteen were of the quartan type, 202 of the tertian variety, while 181 belonged to the estivo-autumnal class. The latter, identical in its parasite with the true tropical fever, was always a severe type of disease, however, without a death —under quinine treatment.

Since the parasite has never been found except in the blood of the human patient and in the body of certain mosquitoes, Koch offers the startling conclusion that malaria is acquired only through the stinging by mosquitoes which have previously fed on the blood of other malarial patients. On this assumption he predicts that it may be possible to eradicate malaria by curing all previous fever cases before the hot season arrives. In other words, he regards the patient with malaria as a menace to the public health in the same way as he had formerly shown this to be the case with cholera. But instead of isolating the patients or disinfecting, he proposes to make them harmless by the

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proper administration of quinine in order to prevent continuation of the infection and relapses. His answer to the question why no fresh infections were observed prior to June 23, although both old malarial cases and mosquitoes were in existence, is based on very seductive reasoning. The records of 1899, as well as of several previous years, show that new infections began to be observed about three weeks after the highest daily temperature had reached 27° C. (80.6° F.). When this maximum is reached in the open air the temperature does not fall below 24° to 25° C. in the interior of the houses even during the night—in Grosseto. According to Koch's previous work on the proteosoma, the parasite of birds' blood, which closely resembles the malarial germ in men, this minimum temperature is required for the maturing and propagation of proteosoma in the body of the mosquito. As eight to ten days are presumably required for the development of the germ in the mosquito, we can assume the inoculation period in man to be about the same time, and the correspondence of the air temperature with the season of fresh malarial infections is appreciated.

Four varieties of mosquitoes were found, viz., a *Phlebotomus* variety, *Culex nemorosus*, *Culex pipiens* and *Anopheles maculipennis*. The two former did not contain parasites in any instance, and are presumably harmless. In forty-nine houses in which the disease had occurred *Culex pipiens* was either found or its larvae were detected on the adjoining grounds. In one case the insect contained sickle-shaped germs in large numbers. The *Anopheles maculipennis* was present in many of the houses, and in seven insects various stages of the germs were found. But as it was often entirely absent from infected regions, Koch does not regard it as the only dangerous mosquito, as some Italian observers have done. For therapeutic purposes Koch gave large single doses of quinine, but only during the interval. One gramme sufficed in tertian and quotidian forms, but the tropic variety required two grammes. Usually two doses given in this manner sufficed to put an end to the attacks for the time. He advocates a continuance of larger doses at intervals of several—up to ten—days for a longer period in order to prevent relapses. How long the drug must be continued for this purpose he expects to learn from systematic observations to be kept up at Grosseto by Professor Gosio.

* * *

TROPHIC AFFECTIONS FOLLOWING GONORRHEA.—At the meeting of the Société Médicales des Hôpitaux of Paris, Dr. P. E. Launois described the following remarkable case mentioned in the Lancet in which very rare and severe complications of gonorrhea—some of which are not at all recognized in this country—were found: A man, aged forty years, was seen in March, 1899. He was pale, emaciated, incapable of making any movements, and suffered from pain everywhere. Most of his joints were the seat of deformity; his limbs were atrophied, the muscles having almost disappeared. The cause of these grave troubles was gonorrhea. A history of rheumatism was obtained only in the case of his great-grandfather. The patient had never had syphilis, but he had suffered many times from gonorrhea. The first attack occurred at the age of twenty years, and was complicated by orchitis. At the age of thirty years he had a second attack, accompanied by arthritis of the right elbow and knee and of the joints of the feet. He became completely well in about three months. At the age of thirty-three years a third attack was accompanied by articular troubles of the metatarsus, ankles and left knee. The muscles of the lower limbs rapidly atrophied. A quite characteristic deformity of the toes appeared, which were projected outwards, with the great toes overriding the neighboring ones. He completely recovered in five months. Six months later he had another attack, accompanied by arthropathy of the joints which had been first attacked. Recovery was slower on this occasion. In December, 1898, he had a fifth attack of gonorrhea, with arthropathy of the ankle-joints. The elbows, left wrist and right knee were successively affected. He lost appetite and strength and became rapidly emaciated. The head

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appeared as if fixed on the shoulders and could not be moved; the vertebral joints were tender to pressure, and flexion and extension of the trunk were impossible. The left knee was normal. The right knee was greatly enlarged; the deformity appeared especially to be due to hypertrophy of the femur and tibia. The feet were voluminous, almost shapeless, masses. The toes were considerably enlarged and turned outwards; the second toe on both sides overlapped the great toe. The lower limbs were much atrophied, all the muscular prominences had disappeared, and voluntary movements were impossible. The skin of the soles and of the lateral and dorsal surfaces of the toes was much thickened. The internal border of the great toe was the seat of enormous stratified epidermic proliferation—keratoses—forming, as it were, a sheath embracing the inner half of each toe. The nails were thickened and striated longitudinally. A urethral stricture was present, and some drops of muco-pus could be squeezed out by pressure. Under vapor baths taken in bed slight improvement occurred. The cutaneous horns became detached, exposing superficial ulcers with granular surfaces. Some weeks later the nail of the left great toe fell. Small epidermic horns were formed on the dorsal surface of the right foot. Cases similar to this have been previously published. The first is that recorded by Widal, which may be thus summarized: "Generalized eruption of horny masses, with falling of nails and polyarthritis of gonorrheal origin; relapse after a second attack of gonorrhea two years after cure of the first condition." The second case was published by Jeanselme. A third case was published by Jaquet and Ghika. The patient had three attacks and showed deforming arthropathies and papillary dermatitis, diffuse and in foci, with hyperkeratosis. Chauffard made a detailed study of "papillary hyperkeratosic dermatitis," and expressed the hope that this curious chapter of blennorrhagisme infectieux kératogè would soon be completed by new observations. Dr. Launois suggests that these diverse lesions are due to the action on the nervous system of toxines produced by microbial growths in the urethra and bladder.

THE LOCAL TREATMENT OF PUERPERAL INFECTION.—Dr. Arnold Lea (New York Medical Journal), in a paper on this subject in which he gives an analysis of forty-eight cases, arrives at the following conclusions: 1. A rise of temperature over 101.4° F. during the puerperium, not obviously accountable for by other causes, should lead to a thorough examination of the genital passages. 2. If no sufficient explanation is found in the condition of the perineum or vagina a uterine douche should be at once given, with due precautions. 3. If within twenty-four hours the temperature has fallen definitely, no further exploration is required, but the douche may be repeated if the temperature again rises. 4. If at the end of twenty-four hours the temperature is higher, and the pulse-rate has increased, the cavity of the uterus should be explored with the sterilized finger. 5. If the initial rise of temperature is great (103° F. or over), with or without a rigor, the uterus should be explored at once, without waiting twenty-four hours to observe the effect of a douche. This is more especially indicated if the uterus is bulky, showing delayed involution, since this points to putrefaction of retained products or to septic endometritis. 6. If clots or placenta are discovered they should be removed by the finger or curette, a douche given, and a gauze drain inserted for twenty-four hours. 7. In the great majority of cases it is wiser to thoroughly curette the uterus with the object of removing the whole of the decidua and retained products. 8. There is no evidence that curettage, if done with every precaution, favors the spread of infection. In a large proportion of cases the infection is rapidly checked. 9. In very virulent infection early curetting, with the object of sterilizing the uterine cavity, affords the best chance of a successful result. 10. If curettage entirely fails it must be repeated or not, according to the local condition present. The prognosis, however, in the absence of a definite localization of the infective process, is bad. 11. In some cases, if curettage fails, and there is no evidence of general peritonitis or of infection of the blood stream, vaginal hysterectomy, if performed in good time, may be successful. 12. Antistreptococci serum should

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be given early and freely in cases of proved streptococci infection. It is of little use in the advanced stages of the disease.

* * *

TRAUMATISM AND TABES.—Donadieu-Lavit contributes an article on the relationship between traumatism and tabes (British Medical Journal), in which he points out the importance of treatment. He quotes the following case under his care: A man, aged forty-three, given to alcoholism, and who was also syphilitic, began to complain of "rheumatic" pains. Subsequently the diagnosis of tabes was made. The following year he fell, breaking both tibia and fibula on the right side. The fracture was compound. The bones were kept at absolute rest in a plaster case for three months. After removal it was found that, although muscular movements were good, there was marked incoordination. On being raised up he was found to have absolute inability to stand; thus, compared with his gait before the accident, it was found that his condition was a good deal worse. Anesthesia was very marked in the fractured limb, especially in the neighborhood of the callus. There was marked loss of sensation and of position, and also some wasting of the muscles in the gluteal region of the right side. The knee-jerks were lost on both sides, with absolute absence of plantar reflex on the right. Lightning pains were much more marked on the right side, and there was also some hard edema resembling elephantiasis, with arthropathic changes of the tibio-tarsal articulation. The author proceeds to show that an accident of this kind in tabes may therefore considerably precipitate many of the symptoms. And, furthermore, in this case there were certain psychical symptoms which have occasionally been noticed, namely, marked fear of walking or movement of any kind.

* * *

IODINE IN ARTICLES OF DIET.—Iodine has not hitherto been presumed to be present in any important quantity in alimentary materials, but according to recent researches, published in the Lancet, which have opened up a very delicate process for the detection and estimation of iodine, this element occurs certainly in the flesh of fish and shellfish in not a negligible quantity. It is true that traces of iodine have been found in cod-liver oil, which, with other elements, such as bromide and phosphorus, probably exert a slight specific action and possibly a favorable influence on the absorption of the oil, thus contributing in some measure to its tonic effects. The flesh of fish is peculiarly nutritive, though less satisfying and perhaps less stimulating than ordinary kinds of meat. It is able to be digested more easily and rapidly than is animal flesh, and on these considerations affords a useful food for invalids. But most fishes contain iodine, and thus the occurrence of this element may be a factor of importance in the suitability of a fish diet for invalids. The herring appears to be at the top of the list, containing two milligrammes of iodine per kilogramme. Next come mussels, 1.9 milligrammes per kilogramme; next salmon, 1.4 milligrammes per kilogramme; then ling and cod, 1.2 milligrammes per kilogramme, and the same amount in oysters. The salmon trout appears to contain the smallest quantity, which is only 0.1 milligramme per kilogramme. These results are interesting and doubtless the inquiry will be extended to other articles of diet, though on the face of it there is more probability of iodine occurring in fish than in mammals or vegetables.

* * *

TO CURE A COLD.—Dr. A. S. Barnes of St. Louis, in an article in the Interstate Medical Journal, gives the following quick method of curing a cold in the head:

Place the patient in a bathtub of warm water, the temperature being from 97° to 100°, or as hot as he can stand it without inconvenience, for five minutes. Then roll the patient in warmed blanket and put in bed and heap on covers. Something old must previously be placed under the patient so as not to wet the bedclothes from the sweating. Then give one-eighth of a grain of pilocarpine muriate dissolved in a half-glass of warm water. If the patient is weak or thin, less pilocarpine may be used. After three-

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quarters of an hour's sweating, give the patient one-one-hundredth of a grain of atropine in water. Fifteen minutes after this mop (do not use friction) the patient with warm towels, the Turkish being preferable. Then place on the patient a warmed night robe and put him between warmed sheets with his ordinary covering over him. Then give the following prescription:

℞ Phenacetine, gr. 18.
Salol, gr. 36.
Caffein citrate, gr. 4.
M. ft. capsules No. xij.
Sig.—One every two hours.

Be sure and inform the patient that dribbling from the mouth comes from the medicine and will soon disappear.

If these directions are carried out to the letter there is no danger connected with this treatment, and I must say this method will cure a cold more quickly than any other.

* * *

UNCHARITABLE CHARITY.—In commenting on the many ways in which we are imposed on by so-called charity the Philadelphia Medical Journal says:

The New York newspapers last week described the loss and recovery of her pocketbook by a charity patient at a hospital. She had just drawn out of bank $650. The same newspapers also recite the pathetic story of the poverty of a physician, the son of one of the most successful and famous of American physicians. In Philadelphia "charity" and the public purse unite to support a free dispensary for diseases of the eye, in which physicians treat for nothing many thousands of "poor" patients. By ironclad rules, one optician has the monopoly of furnishing these poor patients with the spectacles ordered by the unpaid surgeons of the hospital. Do these many thousands of patients—so poor that not one can pay the surgeon a dollar—do they buy steel-framed spectacles? They are all able to pay for "the best gold frames." Endowments and scholarships by millions flow to colleges for helping young men to study theology, languages, literature, etc., but how is it with the medical colleges and medical students? Last week a Philadelphia newspaper described the health-breaking heroism of a medical student, who, for three years, had acted as a street-car conductor while pursuing his studies. What will make the community duly appreciate the worth of the medical profession? Only a united profession.

* * *

ERUPTIONS IN GONORRHEA.—Buschke (University Medical Magazine), who has recently studied this subject, finds that the forms of eruption occurring in gonorrhea are extremely manifold. Simple erythema, papules, deep infiltrations resembling erythema nodosum, bullae, hemorrhages, excessive cornification are some of the forms of gonorrheic exanthem. These eruptions do not affect any special region, but may occur on any part; the scalp, however, is seldom attacked. In quite acute eruptions the mucous membranes of the mouth, throat and eyes are not spared. They usually arise quickly, but their subsequent course is very variable, and they may or may not be accompanied by febrile phenomena. In some instances the course of the temperature is extraordinarily like that of malaria. As to the pathogenesis of the exanthemata occurring in the course of gonorrhea, the author believes that these eruptions are in direct relation with the primary disease, being caused by the entrance of the gonorrheic poison into the circulation.

* * *

GONOCCOCEMIA.—Owing to the comparative rarity with which the gonococcus has been found in the blood, Panichi (British Medical Journal) thinks it worth while to record two cases of gonorrheal rheumatism in which good cultures of gonococcus were obtained from the blood. In each case the gonorrhea was of old standing and the urethral discharge contained numerous gonococci. The most important conditions for success in seeking for gonococci in the blood are to have good nutritive media (the author used agar and human serum) and to collect the blood at the time of microbic invasion; later on it seems difficult to get cultures. Gonococci were not found directly in the blood either extra-cellularly or intra-cellularly.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, NOVEMBER 4, 1899.

THE secretary of this association has issued the following notice:

"The executive committe of the Maryland Public Health Association will meet in about one week and will arrange the semi-annual meeting of the Maryland Public Health Association. The dates will probably be Tuesday and Wednesday, November 21 and 22. We wish to know at the earliest convenient moment whether you will have anything to present at that meeting, or whether you will be prepared to discuss any of the questions to be brought up.

The Maryland Public Health Association.

"The sewerage of Baltimore city will be discussed, and this subject will be particularly timely, since the city council will, within a few months, make a final choice of plan and begin work.

"The hygiene and economics of food materials will also be presented by some women who are specially fitted to deal with this important question. This topic will be of special interest to all persons connected with the public schools.

"A report of the very successful work of the Committee on Public Baths and Washhouses will be ready.

"It has also been arranged to have some of the defects of our present system of registration of vital statistics discussed by the officials in charge of that work.

"We hope to have some contribution from you, but if that cannot be, will you not try to enlist the interest of any town-improvement society or sanitary association in your vicinity in the work of the Maryland Public Health Association? Although the influence of the association has been effective in several directions, it has not grown to the strength which it may easily attain in a progressive State.

"The association is purely voluntary, is supported by its own funds, and needs a large membership of persons who are interested enough in the health of the people to contribute a small yearly subscription to push forward the work of educating the public. The proceedings of the society are of such value that the State Board of Health has deemed them worth publishing for limited distribution. As more funds are needed for an aggressive campaign against popular ignorance, it is likely that it will be proposed at this meeting to increase the annual dues from members. This proposition will have some effect upon our numerical strength, and a general expression of opinion on the subject is very desirable."

As is seen by reading this call, many momentous questions of vital importance alike to medical and lay will be discussed, and these questions are for the most part of interest to every good citizen of this State. There is no reason why this association should not include in its membership all good citizens interested in the welfare and health of the city, and the increase of membership should be so large that there should be no necessity of increasing the dues.

As soon as practicable the full programme of this meeting will be published, and this JOURNAL, as well as the daily press, will use every effort to urge on all persons who should take an active part in such matters to be present and become active members in the work of this association.

* * *

Some wag has said that there have been written many good things on milk, but the best thing on milk is cream. Dr. Fulton shows us how bad the milk supplied to Baltimore is. Why the public is so indifferent to the milk and water supply of a city is hard to understand.

Milk.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 28, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	13
Phthisis Pulmonalis	2	25
Measles	2	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	69	10
Mumps	1	..
Scarlet Fever	18	..
Varioloid	..	..
Varicella	4	..
Typhoid Fever	19	4

Surgeons are needed in the navy.

The late Cornelius Vanderbilt left $50,000 to St. Luke's Hospital, New York, and $10,000 to the Newport Hospital.

Dr. Henry Lee Smith has moved from 103 West Monument street to "The St. Paul," St. Paul street and Mount Royal avenue.

Dr. A. D. McConachie has removed his office and residence to No. 805 North Charles street, near Hotel Stafford. Office hours, 9 A. M. to 1 P. M.

Dr. John White Nash of Williamsburg died suddenly in September. He was a graduate of the Jefferson Medical College of Philadelphia in 1848.

The American Public Health Association held a very successful meeting during the past week. Several representatives from Baltimore attended.

The Mary Washington Hospital at Fredericksburg, Va., was formally dedicated October 8. It was built entirely through the efforts of certain ladies of that city, who formed themselves into the Hospital Association. It is now being furnished and will be ready for patients in a short time.

At the recent meeting of the New York State Medical Association the following officers were elected: President, Dr. E. D. Ferguson of Troy; vice-presidents, Dr. Charles H. Glidden of Little Falls, Dr. J. M. Farrington of Binghamton, Dr. W. H. Thornton of Buffalo, Dr. J. C. Bierwirth of Brooklyn; secretary, Dr. M. C. O'Brien of New York; treasurer, Dr. E. H. Squibb of Brooklyn; members of council, Dr. Douglas Ayres of Fort Plain, Dr. Charles Munger of Knoxboro, Dr. E. M. Lyon of Plattsburg, Dr. W. L. Ayer of Oswego, Dr. M. W. Townsend of Bergen, Dr. Frederick Holme Wiggin of New York; at large, Dr. Jos. D. Bryant of New York.

The semi-annual meeting of the Faculty will be held in Westminster on Tuesday, November 14. There will be a morning and afternoon session, with a social gathering at luncheon in the middle of the day. The subject for the morning discussion will be: "The Home Treatment of Pulmonary Tuberculosis," opened by Dr. Wm. Osler; in the afternoon: "Typhoid Fever in the Country Districts," opened by Dr. John S. Fulton. Drs. Flexner and Barker have promised to speak upon medical conditions in the Philippine Islands and India. Other papers will be presented. The Western Maryland R. R. will sell at all stations excursion tickets at the rate of 2 cents per mile to those presenting "card orders," which may be had by applying to H. B. Jacobs, chairman programme committee, 3 West Franklin street. Train leaves Baltimore, Union Station, 8.28 A. M. Returning 4.26 and 6.05 P. M. Meeting opens at 10 A. M.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about $180, will be made on July 14, 1900, provided that an essay deemed by the committee of award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the secretary of the college, Dr. Thomas R. Neilson, on or before May 1, 1900. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award. The Alvarenga prize for 1899 has been awarded to Dr. Robert L. Randolph of Baltimore, Md., for his essay entitled "The Regeneration of the Crystalline Lens—An Experimental Study."

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Washington Notes.

Dr. W. R. Maddox died suddenly last week at his home at Glen Ellen, near Washington.

The Commissioners today approved the recommendation of Commissioner Wight that a police officer be detailed to assist the health officer in enforcing the law relating to the practice of medicine in the District of Columbia. The Commissioners also agreed to ask Congress for additional compensation for the Board of Medical Supervisors and the members of the Medical Examining Board.

Book Reviews.

A Compend of Gynecology. By William H. Wells, M.D. With illustrations. Pp. 279. Price eighty cents net. Philadelphia: P. Blakiston's Son & Co. 1899.

In the second edition of this popular "Quiz Compend" of Blakiston's a considerable number of changes have been made in the section on operative gynecology. Several recent methods of diagnosis and treatment have been added. This little manual will be quite as acceptable to the student as the first edition was.

A Text-Book of Ophthalmology. By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Authorized translation, revised from the seventh enlarged and improved German edition, by A. Duane, M.D., Assistant Surgeon Ophthalmic and Aural Institute, New York. Second American edition. Octavo, pp. 860, with 277 illustrations. Price, cloth, $5; sheep, $6. New York: D. Appleton & Co., 72 Fifth avenue. Baltimore: Cushing & Co., 34 West Baltimore street.

It is very gratifying to note that Dr. Fuch's work has been so thoroughly appreciated as to demand a seventh edition within ten years, as it is undoubtedly the standard text-book of modern ophthalmology.

The book was evidently prepared for the eye specialist and is much larger and more elaborate than the average undergraduate student requires, and yet the text is so admirably arranged, the essentials being given in large type and the finer details in small print, that the student or the busy practitioner can, at a glance, pick out what he needs. While there are many excellent text-books on diseases of the eye, there is no other that is so thorough and complete in every detail as this of Fuch's. One of the most important features is the attention given to the pathology of the different eye diseases, a part of the subject which has not in other works been sufficiently clearly dealt with.

One can, of course, find some points on which he would disagree with the author, but, on the whole, there is very little to be said in criticism of the book. The treatment of lachrymal strictures by the small Bowman probes seems to us insufficient. Everyone knows that success seldom follows their use, and, in view of the good results reported as attending the use of the larger sizes, one cannot but regret that neither the author nor the editor saw fit to mention the Theobald probe. We are not prepared either to accept the author's advice to delay operative treatment for convergent strabismus "until the child has passed the age of ten." True, there is much to be said on both sides of this question, but in the light of present knowledge or lack of knowledge on the subject, we favor early operations.

The chapters devoted to "Anomalies of Refraction and Accommodation" are deserving of special mention, and of particular importance at this time is the paragraph inserted by the editor concerning the use of cycloplegics in the correction of refractive errors. We heartily commend all that he says upon the subject, and especially call attention to the following statement: "The gain in certainty, both for the physician and the patient, that we get by using a cyclopegic is so great in comparison with the moderate inconvenience produced that it seems proper to advise the employment of this aid in all cases except in the very old and in those who are likely to develop glaucoma."

This book is the most complete and up-to-date treatise on ophthalmology that has yet appeared, and is equally well adapted to the requirements of the student, the general physician and the specialist.

REPRINTS, ETC., RECEIVED.

Naphthaline in Typhoid Fever. By Albert Woldert, Ph.G., M.D. Reprint from the *Journal.*

Contribution from the Laboratory of General Chemistry, University of Michigan, San Palmetto. By P. L. Sherman and C. H. Briggs. Reprint from the *Pharmaceutical Archives.*

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

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Original Articles.

ROBERT LISTON, SURGEON.

By Walter B. Platt, M.D.
Baltimore, Md.

READ BEFORE THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB.

A NUMBER of years ago I chanced to hear a remark attributed to Liston concerning the way in which an artery should be tied. His opinion was that it should be with a "good, honest, devilish hard and tight knot." The impression than made upon me was that here was a firm, fearless, original, eccentric and bold surgeon, who cared far more for doing than saying. So I have found him in his works and by the testimony of friends and enemies as well. Robert Liston was born in Scotland, in the parish of Ecclesmachan, Lithlingow, West Lothian, October 28, 1794. We note the conversion of theological into medical talent in heredity, as it were heat into light, once again in the case of Liston, whose father, grandfather and great-grandfather were all clergymen. Genius may arise from what appears to be nothing; talent almost always shows the strong influences of heredity and environment, and the fact that all these ministers were of the Scotch Church speaks volumes for the strong, active, logical minds which went before with their contributions, to build up the brain of Robert Liston.

His father was more musical in the scientific sense than we are apt to think is common among the Scotch. He invented a church organ which would give fractions of notes, and he was generally distinguished for his musical taste and acquirements. The son in question was the eldest of four children. His only brother became a Hebrew scholar, and at one time was a candidate for a chair in the University of Edinburgh. Although Robert attended school in Abercorn for a time, his early education was chiefly conducted by his father, who was a good classical scholar. Robert distinguished himself in Latin, and going to Edinburgh in 1808, when he was but fourteen years of age, he took the Latin prize in the second of his two sessions. About this time he had an intense longing to go to sea, something instinctive in the evolution of a strong character, the exploding relic of some old sea dog, long dead, shooting up to the surface for the one time in his life. As a way out of the difficulty, his father agreed to send him to sea if he would study medicine and go as a naval surgeon. So it was that he became a pupil of Barclay at the age of sixteen, later his private assistant, and attended the medical lectures of Duncan, Gregory, Hamilton, and Home. Two years afterward (1814) he became house surgeon to the Edinburgh Infirmary, and after a regular service of two years went to London to finish his medical education. He entered as a pupil in the London Hospital, heard Abernethy, took his M.R.C.S. in London the same year, and returned to Edinburgh, where he passed for the same degree in Scotland. His probationary essay for the F. R. C. S. was upon "Strictures of the Urethra and Some of Their Consequences," and I can commend it to any surgeon today for sound reasoning and practice. Liston began at once a fight for recognition in the Medical Society of Edinburgh. Indeed, his whole stay in that

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city was one long struggle with his colleagues in and out of the Infirmary, who sought to hamper him in every possible way. This famous old hospital never seemed to know a good thing when they saw it, and finally excluded Liston from entering its walls. As in the case of another famous Scotch surgeon, John Bell, they "cast out and stoned those who were sent to them." In the present instance the occasion was as follows: Almost at the outset of his surgical career he operated upon and relieved a number of patients who had been discharged from the hospital as incurable by the regular attending surgeons. After a time the monotony of his successes became so marked that charges were laid against him of inducing patients to leave the institution and come under his care, and an effort was made to get him to sign a paper agreeing not to operate upon any person who had ever been a patient in the hospital. Naturally declining to bind himself in such a way, he was refused permission to enter the premises, and all nurses, physicians, and even the porter were instructed to deny him admission. Liston stoutly asserted his right to operate on and benefit (if he could) any patient deemed incurable by others. One case was that of a tumor of the scapula, which had been discharged as incurable. Liston operated successfully. After a time the tumor recurred. Liston proposed a second and more radical procedure, but could find no surgeon in Edinburgh who would assist him, and the patient afterward died. Some one friendly to Liston sent him the arm of the patient, with the remark that no visceral lesions had been found at the autopsy, and that this life might have been saved by an operation. This led to the letter to Liston referred to above. His reply to the managers, as a mixture of discretion and audacity, is almost unparalleled. Referring to his exclusion from the Infirmary, to the increasing number of patients who had since come to him, and the consequent scandal to the injury of the institution, he suggests as a good way out of the difficulty, that instead of excluding him they invite him to enter, when, if he be an impostor or quack, it would more certainly become manifest. Liston did not enter the gates of the Infirmary for five years. When he did it was as one of the attending surgeons, on an equal footing with any other. His election is said to have been obtained through private influence too strong for the opposition of envious colleagues.

He now had a field, an amphitheater and an eager audience. His manual dexterity and swiftness of operating was wonderful. He used a saw almost as quickly as the knife, and the student who turned away to speak to his neighbor found the operation finished when he looked again. A great deal of this he learned from the Edinburgh butchers, whom he often watched, and from whom he caught the trick of holding his knife in his mouth by the handle while he used his hands for another purpose. He was a man of endless resources in emergency. It is related that in a thigh amputation in a feeble patient, where there was a constant and uncontrollable flow of blood from the cavity of the bone, he seized his knife, cut a splinter from the table, drove it into the medullary cavity of the bone, thus checking the hemorrhage and saving the patient.

His skill in operating was soon known throughout Europe, and when the new University College in London was opened in 1833 he was called to be one of its surgeons, his chair being that of clinical surgery. His only complete course of lectures was given in the St. George's Hospital Medical School. In 1840 he was made a member of the council of the Royal College of Surgeons of England, and in 1846 one of the examiners.

His thesis on "Stricture of the Urethra" has already been referred to. With the exception of the recommendation to use caustic his treatment is excellent. There is little to retract and not much of real value to add, beyond a greater perfection of mechanical devices.

His first regular contribution was upon the "Formation and Anatomy of the Crural Arch and the Parts Concerned in Femoral and Inguinal Hernia." This was published in 1819, when he was twenty-five years of age. It was followed by "Cases of Aneurism" and "Bony Union After Intracapsular Fracture of the Neck of the Femur."

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He introduced the treatment of wounds by water dressings instead of by greasy applications. He prepared a paper for the Medical and Chirurgical Society of London, upon the "Lymphatics," and published another upon "False Aneurisms." It is, however, by his two works on surgery that he is best known, "The Elements of Surgery" and "Practical Surgery." In both of these he dwells on the folly of overtreating disease. His therapeutics was simplicity itself. It is a well-known fact that surgeons are not given to much or complex medication, and he employed chiefly three remedies—wine, quinine and antimony. Captious critics of his style have claimed that his scalpel was mightier than his pen. If clear expression is the best style, Liston was better off than the more wordy writers on surgery in his day. In the "Elements of Surgery" he appears to greatest advantage, where he gives his own experience in operating and in the treatment of wounds.

Liston's "Practical Surgery" had a rapid sale, passing through four editions in nine years. It was one of the most important contributions to surgical literature in the English language. An extract from the preface to the third edition gives a good idea of what the author thought a text-book of surgery should contain: "The reader of the work would not be much wiser however, or more capable of undertaking the management of difficult cases were the author to enter into a long detail of what this or the other of the moderns have recommended, or what he has found by experience in practice to be useless or hurtful. It has been the writer's aim to present a practical work to which the young surgeon when in difficulty can refer in the hope of finding, concisely stated and without conflicting opinions, that which he himself has, after a good deal of experience, seen and ascertained to be the wisest and safest course to pursue under various circumstances."

The article on amputation of the thigh and leg is full of practical points regarding the best place to operate, the value of flaps, the character of stumps and the application of artificial limbs. He liked to pick up his own instruments from an orderly row instead of having them handed to him. His directions for the operating-room sound like those of a stage manager. Everything must go off in regular, orderly sequence. Owing, doubtless, to the need of drainage before aseptic surgery was really known, he strongly condemned the immediate suture of a cut throat. In ligating an artery, he advises in forcible terms a knot that may by no possibility become relaxed or slip off, and, of course, advises, as all, in pre-antiseptic days, that one or both ends of the ligature be left hanging out of the wound. He refers to animal ligatures, "said by some to become encysted or absorbed." He notes moreover, the rapidity with which the testes are covered in after amputation of the scrotum for cancer.

He was a very successful lithotomist. After 1840 he cut twenty-four patients for stone whose ages varied all the way from two to eighty years, and all recovered. For all this he preferred lithotripsy, an operation in which he excelled. He had rarely occasion to cut for stone in private practice, reserving that procedure "for large stones and bad bladders." He laid down very sensible and rational indications for crushing of stones in the bladder, for at last Civiale's lithotrite had been evolved after many drilling and boring instruments had been devised. He was a great simplifier of instruments. With a strong pair of bone forceps in his dexterous and powerful hands he could cut with ease through a child's thigh bone. Liston's operations led to the general adoption of flap amputations, and throughout his career we are constantly impressed with his great practical, surgical sense.

Personally, he appeared far better at the bedside than in the amphitheater, where he could not possibly talk in a logical or scientific way; at the same time he was alive to the influence of scientific research, and published some interesting observations in the *Medical and Chirurgical Transactions* upon the microscopical appearances of certain inflammatory diseases. He was made a member of the Royal Society in 1840. Dieffenbach and Liston have been compared because of certain similarities and contrasts. Each was the son of a clergyman, each a univer-

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sity professor and distinguished operator, and they died within a month of each other. Dieffenbach, however, was scientific and slow, while Liston was intuitive, rapid, dexterous and bold. Liston was a tall, powerful man, with all his forces under perfect control, capable of performing successfully the most daring as well as the most delicate operations. He seemed to reach correct conclusions with the greatest rapidity, and his mental processes took no appreciable time when an instant decision was needed. He was that rare combination of physical and mental power, an ideal surgeon, to whom everyone could turn in emergency with the comfortable assurance that he would bring them successfully through their trouble if human power could by any means avail. To these great natural endowments was united uncommon industry. Much of his little leisure time was spent in dissection. Like Billroth, his friends (who were strongly attached to him) were more out of than in the profession. With such a temperament we hardly expect gentleness, and he often showed a painful coarseness and ill-temper toward his subordinates in the hospital, who readily forgave their master when they found how little ill-will lay at the bottom. After such exhibitions he sometimes made silent amends by inviting the injured house surgeon to dine. His heart was certainly kind and capable of strong affection.

He had reached the highest honors in his profession when his health failed. Early in the year 1840 there was difficulty in swallowing, and in July he had a sudden hemorrhage from the throat, during which he lost thirty ounces of blood. He then improved, resumed his practice and continued in it until December 1, when he suffered much with dyspnea, which lasted until he died, six days later. An autopsy showed that death was due to an aneurism of the aortic arch, so situated as to be difficult of detection during life.

At his funeral 400 friends followed the hearse to the church, and these were met at Highgate Cemetery by 3000 persons, to most of whom he had given surgical relief.

Correspondence.

A MESSAGE TO POSTERITY.

Editor of the Maryland Medical Journal:

DEAR SIR—The interest excited by the late centennial of the Medical and Chirurgical Faculty in the early history of the Society, and especially in the meeting for organization held on the 3d of June, 1799, of which the details were so sadly meager, brought to my mind during the session another centennial to be held at the end of another hundred years, and the idea occurred to me that it would be a most interesting event if, in the course of the latter, a message or greeting of some sort could be transmitted from us. Suppose at our centennial such a thing had happened, how it would have thrilled us to have before us, as it were, the very presence of the birth and builders of our Society! I mentioned my idea to some of those around me—Drs. Earle, Tiffany, Chew and others—but I saw by the smile and silence with which it was received that they regarded it as only "a pretty conceit." Receiving so little encouragement, I let the opportunity slip until the president announced the meeting adjourned.

But I still fail to see any absurdity in it, and I feel quite certain that a message from us would have been appreciated by those who are to be our successors one hundred years hence. The interest would have been enhanced if it had been sealed and deposited in the archives, with instructions not to open it until a certain day or hour of the meeting.

The draft of such a message or greeting, I acknowledge, would not be an easy matter to frame properly, and would demand intellectual ability of a high order, but that there is more than one in the Society who could have prepared it I do not in the least doubt. My idea is that it should have attempted to express something of the inspiration of the hour, fraught as it was with thoughts of the past and anticipations of the future. As custodians for the time being of the trust confided to us, we might have spoken to our successors of our sense of its sacredness, and have sought to impress upon them some feeling of the responsibility we

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ourselves felt. We might even have attempted to forecast something of the future, and give our ideas of some of the ways in which the medicine of the twentieth century would expand. There are signs which point in no uncertain fashion to the times to come and permit of a reasonably certain prophecy.

To feel that we were in some degree in touch with them, and that through the long vista of years we were thinking of them and their times, would certainly have been proven an inspiring circumstance. Yours, truly,

EUGENE F. CORDELL, M.D.
203 W. Franklin street, Baltimore, Md.

Society Reports.

COLLEGE OF PHYSICIANS OF PHILADELPHIA—SECTION ON OPHTHALMOLOGY.

MEETING HELD OCTOBER 17, 1899.

DR. GEORGE C. HARLAN, chairman, in the chair.

Dr. S. D. Risley reported a case of glaucoma in a patient, aged seventy-seven, coming on three years after a successful simple extraction of cataract. The immediate result after extraction was V. = 6-9, which fell in six months to 6-40 in consequence of thickening and opacity of the capsule. After a secondary operation V. rose to 6-5 and remained there with a perfectly healthy eye for two and one-half years. The patient then suffered a severe attack of influenza, during which the eye was red, probably from a mild iritis. Six weeks later she began to suffer transient attacks of dim vision, which became more and more frequent, culminating on the evening of April 23, 1899, in a pronounced attack of inflammatory glaucoma, with iris bombé, the projecting iris blocking the angle of the anterior chamber completely throughout the upper and inner two-fifths of the chamber. The cornea was steamy, the ball tender, tension + 2 and V. reduced to 1-5. No satisfactory view of the fundus was obtainable. The field of vision was so narrow that the patient had difficulty in finding her way about. She was placed in bed, received a purge and salicylate of sodium, with the free use of eserin and gentle massage locally. This resulted in the rapid subsidence of all the symptoms, so that iridectomy, which had been advised, was deferred. In a few days V. had risen to 6-12. The tension was normal, the iris bombé had disappeared, the mediae were transparent and the field extended to nearly normal dimensions. The eye remained comfortable until the latter part of the following August, when the entire group of symptoms recurred. Iridectomy was then performed, resulting in complete relief and the restoration of vision to 6-9. In discussing the cause of the attack, Dr. Risley stated that he believed it to be due to the annular attachment of the iris to the very dense capsule during the attack of iritis accompanying the influenza in February. The fluids were thus excluded from the anterior chamber and accumulated behind the iris, causing the iris bombé, which still further interfered with the excretion of the intraocular fluids.

Dr. de Schweinitz had seen three cases. In the first case glaucoma appeared in fifteen days after extraction of a complicated cataract. Under treatment with eserin and large doses of chloral vision recovered to 20-30, and has been retained until the present—six years. In the second case glaucoma appeared three years after perfectly successful extraction, and was attributed to prolonged reading on a very hot day. Operation was declined. The first attack was followed by others; some months later the patient had steamy cornea, pulsation of the retinal artery, cupping of the disk and contraction of the field. Paracentesis was performed without material benefit. In the third case glaucoma appeared three weeks after extraction. Instillations of eserin and freeing of the periphery of the iris from the incarceration in the incision were followed by recovery. In all the cases the extraction was made by the combined method.

Dr. G. E. de Schweinitz described a case of carcinate retinitis, the lesions having occurred in the left eye of a woman aged seventy-seven, who in other respects was healthy. This disease manifested itself in the form of a large, somewhat

wreath-shaped, slightly raised, yellowish-white deposit, which surrounded the macular region and terminated some distance beyond it. In the right eye a similar exudate occupied the macular area, but did not surround it, that is, the lesion was not circinate in character. The clinical evidences were that hemorrhages had been the antecedent condition.

Dr. Randall said that he had sketched a most typical case of the sort which had come under his care. It had remained unpublished for lack of the later history, as the patient had dropped out of sight. She presented a large crescentic patch beyond the macula, with smaller disseminated splotches extending above and below toward the disk in the right eye, the left being unaffected. There was no albuminuria, although some of the macular lesions looked suspicious, but the patient, a woman of sixty-five, seemed frail and needed further study.

Dr. William M. Sweet exhibited a patient suffering from optic atrophy due to intestinal hemorrhage. The blindness occurred six days after profuse hemorrhage from the bowels, the vision of the left eye being entirely lost, while in the right eye a small area to the temporal side of the fixing point was preserved. Ophthalmoscopic examination made three days after the hemorrhage showed moderate contraction of the retinal arteries, paleness of the optic disks, with margins slightly hazy and slight edema of the retina, especially toward the foveal region, but no retinal hemorrhages. From the lower border of the right optic disk a ciliary artery passed toward the fovea, the preservation of some vision in this eye being probably due to the blood supply from this source.

Of the theories advanced to account for cases of post-hemorrhagic blindness, that of Westhoff and Ziegler, who believe that the ischemia produces a fatty degeneration of the nerve fibers, would seem to explain the symptoms in many of the cases. Theobold considers that the degeneration follows a thrombosis in each central artery of the retina, the enfeebled blood current in the retinal artery being further obstructed by the intraocular tension. In this case, however, there was not the marked contraction of the retinal arteries that might be expected to follow a plugging of the main arterial supply of the retina. Ziegler's autopsy of a case, twenty days after the hemorrhage which led to the loss of vision, showed fatty degeneration of the optic nerves and their intraocular expansions, a condition which Ward Holden has shown, through experimental researches, to follow degenerative changes of the retinal ganglion cells.

Dr. de Schweinitz referred to the work of Ward Holden in investigating pathological changes in this and analogous cases. He believes that the blindness was due to edema of the retina followed by early changes in the ganglion cells. These changes led to degeneration of the cells and fibers extending upward into the optic nerve as far as the chiasm. The symptoms in Dr. Sweet's case seem to be well explained by this theory.

Dr. Howard F. Hansell reported the results of the examination of fifty-two individuals, comprising emmetropes, hyperopes and myopes, in the determination of the physiologic variations in the size of Mariotte's blind spot. In the distance from the fixation point to the approximate center of the blind spot as projected 33 cm. there were considerable variations. In emmetropia the longest distance was 9.1 cm. and the shortest 7; in hyperopia the longest was 9.5 cm. and the shortest 7; in myopia the longest was 13.5 and the shortest 6.5 cm. In comparing the distance in the three varieties of refraction the greatest distance and the shortest distance were found in myopia. The center of the blind spot was, with few exceptions, below the horizontal line running through the point of fixation. In hyperopia the greatest distance was 25 mm. and the shortest 2 mm.; in myopia, 19 mm. and 5 mm.; in emmetropia, 22 mm. and 2 mm. As a rule, the shape of the blind spot was oval and irregular in outline and was independent of the refraction. The size of the blind spot was decidedly greater in myopia than in other states of refraction. Very few pairs of eyes showed equal measurement in either the distance of the blind spot from the fixation point or in its position or size, and variations as great as exist in eyes of different individuals

were found in the eyes of the same individual. Dr. Hansell concludes that the blind spot has a greater bearing in the measurement of the field of vision than has been accorded to it, and might, in the absence of a knowledge of its size, be mistaken for the scotoma of disease. The discovery that a portion of the field measuring 5 × 4 cm. of irregular outline, between the 10° and 20° mark on the perimeter, and in some cases including both, is blind, might lead to confusing conclusions as to the real character of the field.

Dr. Risley noted that the distance of the blind spot from the fixation point was greatest in myopia, and was led to believe that this was due to the stretching of the coats at the posterior pole. Dr. Randall said that the investigation promised value in respect to some paradoxical relations which he believed had been observed by many beside himself. While in the main the eye-ground picture corresponded with the theoretical amplification of the refracting media, giving a small disk in H. and an exaggeratedly large nerve-head in M., it was observed that the macula seemed further away, actually as well as proportionately, in H. and closer in M. It may be distant quite three diameters of the small disk from the lower outer nerve-margin in H. = 4-6, but little more than one diameter from the big myopic disk—a difference which cannot be merely a visual illusion, since the distance ought to be increased with the other details by the greater magnification of the media, as well as by any pathologic stretching.

HOWARD F. HANSELL,
Clerk of Section.

Medical Progress.

PROFESSOR KOCH'S REPORT ON MALARIA.—Professor Koch's first report on his study of malaria in Italy, an abstract of which is here taken from the Lancet, has been published in the Deutsche Medicinische Wochenschrift. He stayed in Grosseto, a town situated in the Tuscan Maremma, from April 25 till August 1, together with his assistants, Professor Frosch and Dr. Ollwig and the Italian delegate, Professor Gosio. It was a remarkable fact that new cases of malaria usually occurred only in the months of July, August and September, so that up to June 23 the commission had the opportunity of observing only fifty-nine cases, of which five were recent, whilst from this date till the end of July 222 cases were examined. In every instance the parasite of malaria was found in the blood. Apart from human blood, the parasites occurred only in some species of mosquitoes which were met with only in the summer. The mosquitoes convey the malaria germs from one human being to another; the infection is especially maintained and propagated by the relapsing cases, which continue all the year round and form the link between one fever season and the next, so that the mosquitoes in the beginning of summer always find germs. A remedy which destroys the parasites was discovered long ago in cinchona bark and quinine; it must be given not only during a fit, but for a very long time—from eight to nine months—so that relapses may be avoided. If no relapse occurred in any of the cases of malaria in any given district the mosquitoes would find no germs in the beginning of summer, and malaria would become extinct there. Professor Koch succeeded in recognizing certain species of mosquitoes in the dwellings of the population; this was the more important, as the mosquitoes of this district did not usually bite during the day, but only during the night. The inhabitants therefore became infected at night within their dwellings. In seven cases parasites of malaria were discovered in insects, especially in anopheles maculipennis. In many dwellings, however, where patients had contracted malaria anopheles was not present, but another insect, culex pipiens, was hardly ever absent. Professor Koch ascertained that the so-called estivo-autumnal fevers were identical with tropical malaria. Professor Grassi of Rome has recently charged Professor Koch with unwarrantably claiming to be the discoverer of the spread of malaria by mosquitoes and with ignoring the fact that the propagation of malaria in this way was made known long ago by the researches of Professor Grassi himself and other ob-

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servers. Professor Koch, being at present in the Dutch East Indies, is unable to reply to these imputations, which have been aggravated by publication in a non-medical journal, the Rome Tribuna. It must, however, be observed that Professor Koch in this and in other memoirs speaks of the "well-known" mosquito theory, so that obviously he had no intention of giving himself out to be the author of this theory.

* * *

THE TUBERCULIN TEST.—The difficulty of detecting early cases of pulmonary consumption has led Dr. Edward O. Otis to bring up in the Journal the old subject of the tuberculin test, and his conclusions are as follows:

1. The tuberculin test indicates early tuberculosis by a general reaction before it can be detected by other methods, except the *x*-ray, in the large majority of cases, with a dose of from 5 to 10 mg. of Koch's original tuberculin.

2. No injurious results occur from the use of tuberculin in these doses.

3. Proved tuberculosis in a more or less advanced stage may fail to give a general reaction from doses of from 10 to 12 mg.

4. Syphilis gives a reaction in an undetermined proportion of cases.

5. There is a dose, undetermined, at which a non-tuberculous person may react or simulate a reaction.

6. The reaction may be deferred from six to twenty-four hours.

As rules to be observed in making the test:

1. Always use the same tuberculin and of a standard strength.

2. Use aseptic precautions in giving the injection.

3. Make the injection deep into the muscles of the back, arm or leg.

4. Keep a two, three or four-hourly chart of the temperature if possible, beginning twenty-four hours before the injection.

5. Allow several days to elapse before repeating the test.

6. In early cases depend on the general reaction; in late cases, if the general reaction fails, carefully look for the local.

MERCURIAL POISONING AND AMALGAM.—Extremely *apropos* to Dr. Richard Grady's paper on "Mercurial Poisoning and Amalgam Filling," published last week, is the following from the discussions of the New Jersey State Dental Society, quoted in the Items of Interest for November:

An old question was reopened some time during the year by Dr. J. Y. Tuthill of Brooklyn in a paper read before the Kings County Medical Society, entitled "Mercurial Neurosis Resulting from Amalgam Fillings." This question seems destined, Phenix-like, to continually arise from the ashes to which it has been consigned. The surprising part of this appearance is that it has been resurrected by a physician of the dominant school; we, as dentists, are accustomed to it coming from those of the homeopathic faith, from the fact of their belief in the toxic power of mineral poisons. There is an old saying, though a homely one, that "the proof of the pudding is in the chewing of the string," so this physician goes on to give his individual experience in order to prove his contention, and also cites almost miraculous cures of disease presenting symptoms of uncommon character by the simple removal of amalgam fillings. A close perusal of the evidence of the writer will show he is prejudiced, thus making him incompetent as an investigator.

* * *

MODERN FOOT-CLOTHING.—The number of deformed feet and corns has led Dr. B. B. Mosher to bring up the old theme of boots and shoes, and his article in the Brooklyn Medical Journal shows how much more pride was taken with the foot-clothing than was comfort and ease. Noting the shape of the foot and the outline of the sole, he concludes as follows:

"I feel strongly that the best remedy for these pathological conditions lies in their prevention, by the use of proper footwear, and it is our duty as the medical advisers, especially of children, to have their feet under the same supervision as any other part of the body, and insist on the application of proper foot-clothing, just as emphatically as we would on proper postural positions and the use of

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glasses in eye deformities. But when a deformity really exists in the foot as the result of improper foot-clothing it needs our personal supervision as to the proper shoes and stockings worn, just as much as for the application of braces for other deformities and diseases. A physician who would send a patient suffering from hip-joint disease to the instrument-makers without directions or further supervision would be considered by us all as highly unscientific and at least indifferent, and it seems reasonable that a physician who leaves to the care of a shoemaker the deformed and diseased feet of his patients might be viewed in exactly the same light."

* * *

HEART DISEASE AND PREGNANCY.—In the American Medical Quarterly Dr. Adam H. Wright asks a number of questions concerning heart diseases from an obstetrical point of view, and the answers which indicate these questions are as follows:

1. A woman having a heart lesion which is compensated should not be prevented from marrying.

2. Abortion should not be induced on a woman with heart disease unless very serious symptoms are present.

3. Premature labor should seldom or never be induced on account of heart disease.

4. Mitral stenosis is the most serious heart lesion during pregnancy and labor—aortic stenosis comes next—then probably aortic incompetency. Mitral insufficiency is the least serious lesion.

5. Treatment during pregnancy: Administer the following according to indications: Strychnine, digitalis (or strophanthus), cathartics, nitrite of amyl, nitro-glycerine, and regulate the diet.

6. Treatment during labor: Keep up the action of digitalis (or strophanthus), especially during first stage. Give strychnine and stimulants if required and chloroform. As soon as the first stage is completed deliver with the forceps.

7. Watch the patient carefully during the third stage (the most dangerous time) and for some days after.

INFANTILE GENERAL PARALYSIS SIMULATING IDIOCY.—Dr. Toulouse and Dr. Marchand, in a recent communication in the Lancet, state that the fact that a form of dementia closely resembling general paralysis may occur in young children is becoming more and more generally admitted, but according to them one point has not received sufficient attention—that is, that many cases of general paralysis occurring in the very young are often mistaken for cases of idiocy. They report the case of a child who after a short period of apparently normal growth and development began to manifest signs of progressive dementia. There were epileptiform convulsions, inequality of the pupils, disturbances and indistinctness of articulation and a rapid emaciation, followed by death. A necropsy was made, and the post-mortem findings showed the presence of cerebral atrophy of the convolutions, adhesion of the piaarachnoid membranes, with tearing and decortication on attempts to strip them off; proliferation of the neuroglia cells, atrophy of the nerve cells, and other changes known to be characteristic of chronic diffuse meningoencephalitis. It is interesting also to observe as indicating the syphilitic origin of this disease that the child's father had died from general paralysis with syphilis.

* * *

A CACHINATING LABORATORY.—The Southern California Practitioner says the exhibition of nauseous drugs in palatable form has of late years reached the distinction of a fine art, and manufacturing chemists are now reaching out in all directions with a view to finding new methods of exhibiting drugs in a form in which they will be most readily assimilated. One of the most difficult drugs for patients to assimilate is iron, and a French chemist has devised a novel way of introducing it into the system. He has observed that hens can readily digest iron, and render it back in the form of egg albumen, which is easily digested by the weaker stomach of the human being. He therefore administers considerable quantities of iron to the hens with their food, and, after three or four days, the eggs are found to be very rich in iron, and by modifying

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the amount administered he is now enabled to offer to suffering humanity eggs containing any percentage of iron which the physicians may desire to use. Experiments are also being conducted with a number of other drugs, and the Frenchman hopes soon to place on the market a line of eggs which will relegate to the background the pill and tablet lists of the manufacturing pharmacists.

* * *

CALOMEL AS A DIURETIC IN CARDIAC AFFECTIONS.—Bourgeon (Medical News) says that diuresis produced by calomel in valvular affections of the heart increases as the drug is continued, but is essentially temporary in that its action ceases with the suppression of the remedy. The quantity of urine excreted is variable, and seems to depend upon several factors, such as the constitution of the patient, the nature of the trouble and the degree of edema, but it is remarkable that polyuria is more accentuated when the dropsy is of cardiac origin. The daily quantity of urine voided ranges from a pint to three quarts, and the dose of calomel necessary to obtain diuretic effects varies from three to six grains per day. This amount should be given in one or two doses in a little milk every two, three or five days, according to circumstances. If albumen appears in the urine the calomel should be stopped. This powerful remedy should be reserved as a last measure. If digitalis, squill, milk diet and cooling drinks in large quantities do not produce diuresis, one may resort to calomel. As it is absolutely impossible to foresee its exact results, it should be used with great caution.

* * *

THE PERIODS OF LATENT ACTIVITY IN SYPHILIS.—Dr. Morel Lavallée read a very interesting paper, which appears in brief in the Lancet, upon this subject at a recent meeting of the Academy of Medicine. After recalling to the meeting the picturesque formula of his old master, Fournier, who defined syphilis as "a state of apparent health, interrupted from time to time by short periods of disease," the young physician of the St. Louis Hospital described the periods of "calm," and showed that very often the good health is only very superficially in evidence. Many syphilitic patients, without presenting any definite manifestations of the disease which would lead the physician to prescribe definite anti-syphilitic, treatment offer distinct evidence of malnutrition leading to a loss of weight which may be as much as even a ninth of the proper body weight. This condition Dr. Morel Lavallée calls acute transitory cachexia. The disease is not at this time slumbering, as has been affirmed, but is really active and shows itself by disturbances of the general health which are not obviously syphilitic and which the physician would never think of attributing to syphilis. However, if syphilitic treatment is used, and, above all, mercury, all trouble rapidly disappears and the patient almost at once regains his weight. The condition is comparable, according to Dr. Morel Lavallée, to that of a patient who, being syphilitic, but presenting no obvious symptoms and having been declared safe by his medical man, is yet capable of begetting hereditarily syphilitic children, but if he should put himself under anti-syphilitic treatment could beget healthy children. Dr. Morel Lavallée's conclusions are interesting from the point of view of treatment. Formerly medical men only gave specific treatment up to the time at which the various manifestations of the disease disappeared, and began it again when new symptoms showed themselves; in a word, the treatment was opportunist. At a later date, in accordance with the views of M. Fournier, preventive treatment was adopted; that is to say, treatment was rigorously carried out for four or five years whether the patients showed any symptoms of syphilis or no. If after this time fresh manifestations arose, treatment was recommenced until they disappeared and for a varying period afterwards by way of precaution. Nowadays, looking at these depressing conditions of malnutrition which supervene after many years of apparent health, even in those who had every right to consider themselves cured, it may be asked whether it were not wiser to continue the regular treatment for preventive reasons even

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beyond the usually accepted time. Also the question arises whether certain patients suffering from syphilophobia, who take mercury almost uninterruptedly during their whole life and fly to a specific treatment on the appearance of the slightest illness, even though it has no apparent connection with syphilis, have not a good deal of justification for their actions. It would appear difficult to lay down this method of treatment publicly. Not that the indefinite prolongation of the treatment offers any dangers to health if sensible remissions are allowed, but intelligent patients consulting a medical man as soon as chancre appears would not unlikely be driven to suicide if they were told at once that they would have to keep up treatment during their whole life and could never really consider themselves free from the danger of some unpleasant consequence of the disease. Dr. Morel Lavallée is of opinion that without making this treatment an absolute necessity, and certainly without telling the patient beforehand, the physician should consider that syphilis when apparently quiescent is really active, and that in any disturbance of the general health, even simple malnutrition, without any obvious cause, recourse should be had to specific treatment. Finally, remarked Dr. Lavallée, however rigorously early preventive treatment has been carried out, specific treatment is the *ultima ratio* for dealing with an enemy who, whatever may be said, can never be finally and completely put to rest.

* * *

TREATMENT OF ABDOMINAL PALPITATIONS.—Sir Willoughby Wade, in the Journal of Nervous and Mental Diseases, says this well-known disorder, most common in women, but not infrequent in men, is in all cases unpleasant, often distressing, and in some instances painful, so much so that patients are most grateful for relief. Palpation of the abdomen during an attack, and often in the intervals, reveals an abnormally forcible pulsation of the abdominal aorta. From theoretical and practical considerations, it seemed to the author that the cause was to be found in a state of high arterial tension, and he considered that nitroglycerine would be the logical remedy. He says that his surmise proved to be correct on trial, but he has apparently tried it in but few cases. He administers 1-200 of a grain every night, and finds that although the supposedly increased tension in the abdominal aorta is diminished, the pulse at the wrist is at once rendered more full and forcible. Several cases are adduced in support of the treatment, but they appear to the reviewer to fall somewhat short of constituting invulnerable evidence.

* * *

TRAUMA AND PHTHISIS.—A. Ewald publishes in the Journal two cases in which robust persons, in the midst of perfect health, no heredity, thirty-seven and seventeen years of age, were injured in the shoulder region by a fall or a falling stone, requiring two weeks in bed. Four weeks after the accident the subjects began to cough and lose strength and flesh, and passed rapidly into chronic pulmonary phthisis, with numerous bacilli in the sputa. Desoil also reports in Echo Med. of October 1 two observations of pleurisy developing at once after a fall on the thorax and passing quickly into rapidly fatal phthisis. In these cases both subjects were alcoholics.

* * *

MASSAGE OF THE ABDOMEN IN DEFICIENT LACTEAL SECRETION.—Schien (International Medical Magazine) writes that massage of the abdomen will increase a deficient lacteal secretion. The treatments should consist of movements made upward from the pelvis to the breasts for half an hour daily, associated with massage of the breasts. The explanation of this result, as given by the author, is that the function of the mammary glands is intimately connected with the amount of blood brought to these glands from the genital organs through the blood-vessels of the abdominal walls.

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MARYLAND

Medical • Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, NOVEMBER 11, 1899.

The Westminster Meeting of the Faculty.

TOO MUCH stress cannot be laid on the importance of the semi-annual meetings of the Faculty, and this year especially, when all the work will be done in one day and there will be little loss of time and no hotel expense. The programme is short and has a sufficient variety to provide food for all. The talk of Drs. Flexner and Barker, who have recently returned from the East, will be of great interest, and especially so if the same views be shown as were on exhibition at the University Club last night. After the address of welcome, the first paper is historical, then a medical, then a surgical, and still another surgical, and then a medical paper. After luncheon the specialists talk, and that well-worn subject of typhoid fever in country districts once more comes to the front. The following is the programme as completely as can be obtained at this time:

Address of Wecome,
Dr. J. W. Hering, Westminster.

Reply by President, Dr. C. Birnie, Taneytown.

"The Medical and Chirurgical Faculty's Contribution to the Welfare of the State,"
Dr. E. F. Cordell.

"Home Treatment of Consumption,"
Dr. Wm. Osler.

Discussion, Dr. C. S. Millet, Brockton, Mass.

"Bladder Trouble in Old Men, and the Treatment," Dr. Jas. H. Billingslea, Westminster.

"The Recent Methods of Treating Hypertrophied Prostate by Electro-Cautery,"
Dr. H. H. Young.

"An Interesting Case of Cystitis,"
Dr. Chas. R. Foutz, Westminster.

"Excision of the Pylorus for Carcinoma, with Report of a Case," Dr. J. H. Branham.

"The Use and Abuse of Hydrochloric Acid in Gastric Disease," Dr. J. C. Hemmeter.

LUNCHEON.

"The Naso-Pharynx in Relation to Aural Disease," Dr. A. D. McConachie.

"Medical Conditions in the Philippines and India," Dr. Simon Flexner.
Dr. L. F. Barker.

"Typhoid Fever in Country Districts,"
Dr. J. S. Fulton.
Dr. C. Hampson Jones.
Dr. C. M. Ellis.
Dr. V. M. Reichard.

The meetings will be held in Fireman's Hall near the station. The luncheon, which will be served at the Westminster Hotel, will cost one dollar each.

There will be sufficient time between the sessions for a rest and yet no time will be wasted, and all members and others in attendance will feel that the time taken in attendance and the money spent will be repaid in the good which is always to be gained from such meetings.

The Western Maryland Railroad will sell at all stations excursion tickets at the rate of two cents a mile to those presenting "card orders," which may be obtained by writing to or calling on Dr. Henry Barton Jacobs, chairman of the programme committee, No. 3 West Franklin Street, Baltimore.

Trains leave Baltimore, Union Station at 8.28 A. M. and returning leave Westminster at 4.26 and 6.05 P. M., arriving at Baltimore in time for dinner. The meeting will be called to order at 10 A. M.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 4, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	11
Phthisis Pulmonalis	2	17
Measles	2	..
Whooping Cough	10	..
Pseudo-Membranous Croup and Diphtheria.	64	6
Mumps	..	..
Scarlet Fever	11	.
Varioloid	..	..
Varicella	2	..
Typhoid Fever	*14	7

*1 cases imported.

The new Physiological Institute has been opened in Vienna.

Diphtheria has increased Chicago's death rate the last week.

Michigan demands the compulsory notification of consumption.

The government is said to have ordered 7,500,000 grains of quinine for the army.

There are enough cases of diphtheria at Princeton, N. J., to compel the authorities to close the public schools.

Dr. Chr. Deetjen has removed his office and residence to No. 21 West Franklin street. Office hours, 10 to 1 and 5 to 7.

The secretaries of the various medical congresses to be held in Paris in 1900 are sending out voluminous announcements.

It has been decided that surgical instruments imported into this country, being scientific instruments, are not subject to duty.

Denver is opposed to the sending of indigent consumptives from the East. These people become a burden to the taxpayers of Colorado.

The extreme restrictions in diet that were formerly inflicted upon patients with chronic diseases are gradually giving way to more rational treatment.

By a recent government order all children in Japan must be vaccinated before the tenth month, and revaccinated at six and again at twelve years of age.

The twelfth annual meeting of the Southern Surgical and Gynecological Association will be held in New Orleans, La., on the 5th, 6th and 7th of December.

Dr. John Dale, a prominent physician of Princess Anne, Md., died suddenly last Monday, aged forty-eight. He was a graduate of Bellevue Hospital Medical College of New York.

Druggists in Hamburg have been warned that the full penalty of the law will be enforced if "secret remedies" are sold to the public without a physician's prescription, against the regulations.

The suggestion is offered, in a Paris exchange, that physicians in cities and small towns might obtain change of air and scene, with the minimum of loss and expense, by merely exchanging their practices, offices, etc., for a short while.

Two German physicians have recently celebrated the seventieth anniversary of their professional activity. Hochberger of Carlsbad, and Nieberding, in their ninety-seventh and ninety-fifth year, respectively, and Kohlschmitt of Oldenburg looks back over seventy-one years of active professional life.

At a meeting of the Medical Society of the Woman's Medical College, held October 24, the following officers were elected for the ensuing year: Eugene F. Cordell, M.D., president; M. Augusta Waters, M.D., vice-president; Allen Castle, recording secretary; Mary Lois Jones, corresponding secretary; Esther Kim Pak, treasurer.

The Brazilian National Academy of Medicine has had under consideration the work of the late Dr. Domingos Freire in regard to the etiology of yellow fever, and has recorded an emphatic protest against the practice of preventive vaccination against that disease recommended by him. The method is characterized as useless and dangerous.

An exchange says that a Philadelphia judge, in refusing a new trial in a suit for damages against the German Hospital of New York, has decided that as a public charity, possessed of no funds except such as have been contributed by the charitably disposed for the furtherance of its philanthropic purposes, the diversion of its assets to compensate for injuries inflicted or occasioned by the wrongful act of its agents or servants would be against all law and all equity.

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Washington Notes.

Dr. Wm. R. Maddox, formerly of Philadelphia and late of this city, died at his former home, near Wesley Heights, last week.

Acting Assistant Surgeon John Carling, U. S. A., has been ordered to accompany the Forty-seventh Infantry to the Philippines.

Dr. Grace Roberts, a well-known homeopathic physician, a graduate of the Howard Medical School, died at her home in this city last week.

Seventy female nurses are now in the Philippines and thirty more on the way. There are at present 1289 privates of the Hospital Corps, and 200 more are under orders.

The Pasteur Milk Co. has opened a depot in this city, and Washington physicians can at last order pure, clean cows' milk with any percentage of food element required.

Since June 31, thirty-four regular army surgeons and thirty contract doctors have been sent to the Philippines. Thirty more contract doctors are under orders to go in the next few days.

At the Society Wednesday, November 1, Dr. La Garde reported the effects of gunshot wounds by the Mauser bullet and exhibited the cases. Dr. F. P. Morgan reported a case of glosso-labio-laryngeal paralysis.

Two cases of smallpox were discovered last week in a boarding-house in the northwest section. The patients were removed to the smallpox hospital and a guard placed over the house. No new cases have since developed.

There were ninety-seven deaths in the District during the past week. Of these, twenty-two were from consumption, seven from pneumonia, four from diphtheria, one from scarlet fever, one from whooping cough and five from typhoid fever. There are now sixty-seven cases of diphtheria and seventy-eight cases of scarlet fever, and two cases of smallpox in quarantine.

Total number of new cases treated at the Central Dispensary during the fiscal year ending June 30, 1899, were 7089, the number of revisits 21,661; total number of patients in the emergency department 4703, revisits 1954; number of operations in both dispensary and hospital 2524; number of autopsies 35, deaths 74, prescriptions compounded 35,570. An appropriation of $17,000 is asked for.

Book Reviews.

A Treatise on Fractures and Dislocations. By Lewis A. Stimson, B.A., M.D., Professor of Surgery in Cornell University Medical College, New York; Surgeon to the New York and Hudson Street Hospitals; Consulting Surgeon to Bellevue, St. John's and Christ Hospitals, etc. With 326 illustrations and twenty plates in monotint. New York and Philadelphia: Lea Bros. & Co. 1899.

The first edition of Stimson's treatise on fractures appeared in 1883, and a corresponding treatise on dislocations was published in 1888. The combined work on these subjects is now presented in one volume, and has been to a large extent rewritten. The original editions were at once accepted as authoritative and as ranking equally with Hamilton's treatise on the same subjects. The present edition is based largely upon the author's own experience, though he has not failed to give credit to other authorities. Amongst the new features of the present edition is a series of skiagrams showing many of the most important fractures and dislocations. The author is not, however, enthusiastic in regard to the value of the *x*-ray pictures, and says there is very little to be learned in this manner which could not be equally as well ascertained by manipulation. He is likewise not an advocate of laminectomy except in comparatively rare cases. This book is so well known and so favorably considered that it is not necessary to make any extended notice of this new second edition, which is brought up to date.

The Hygiene of Transmissible Diseases: Their Causation, Modes of Dissemination and Methods of Prevention. By A. C. Abbott, M.D., Professor of Hygiene and Bacteriology and Director of the Laboratory of Hygiene, University of Pennsylvania. Illustrated. Pp. 3 to 311. Price $2. Philadelphia: W. B. Saunders. 1899. Baltimore: Medical & Standard Book Co.

This book is based on the author's lectures on hygiene, and the subject is treated in the same clear and forcible manner as in his work on bacteriology. It is a book which the lay as well as the medical reader would enjoy and profit from its perusal, and, indeed, the author says the frequency with which requests were received by him for information concerning the detailed management of transmissible diseases was in part the reason for writing this book. It is a book that contains much information.

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MARYLAND
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Original Articles.

DIAGNOSIS OF EYE DISEASES BY EXTERNAL EXAMINATION.

By Hiram Woods, Jr., A.B., M.D.,

Clinical Professor of Eye and Ear Diseases at the University of Maryland.

CLINICAL LECTURE DELIVERED AT THE UNIVERSITY HOSPITAL, SATURDAY, OCTOBER 7, 1899.

GENTLEMEN—During the session I hope to show you many cases of such eye and ear troubles as are apt to come under your care in general practice. While the ophthalmoscope can be of great help to the general practitioner in diagnosis and prognosis, it is, I think, of even greater importance that he be able to recognize the more common eye troubles. Retinal changes of kidney and heart lesions, intraocular lesions in diseases of the central nervous system add to the certainty of diagnosis, and sometimes are the first appreciated indications. As a rule, however, careful general diagnosis discovers these lesions before the eyes are involved. A most important exception must be noted in the so-called Argyll-Robertson pupil; immobility of the pupil to light, with reaction to accommodation or convergence. This phenomenon is not infrequently one of the earliest symptoms of tabes dorsalis, and by some is considered pathognomonic. Again, ocular disturbances in general diseases usually involve vision without much pain or visible sign of inflammation. Hence they are apt to be seen by the oculist. The majority of eye troubles which you, as general practitioners, will see, are inflammatory lesions having external manifestations, and causing pain. Eye structures involved are, as a rule, the lids, conjunctiva, sclera, iris and ciliary body.

Errors of diagnosis arise from failure to look for characteristic changes, or from insufficient looking—a satisfaction that when one difficulty is recognized the whole case is uncovered. In this introductory lecture I want to give you the diagnostic signs of disease in each of the structures mentioned. I want farther to impress upon you the fact that in every case of inflammatory eye trouble, no matter how sure you may be that a certain disease exists, you must carefully examine each of these structures. "A red eye" is not necessarily conjunctivitis. The conjunctiva is practically always injected in keratitis and iritis; but if this injection be taken as diagnostic of conjunctivitis, and the cornea or iris unexamined, the real trouble will not be found. I have seen iritis which has been treated for conjunctivitis, not because the attendant did not know the signs of iritis, but because he did not look for them, being misled by the evidences of conjunctivitis.

Familiarity with normal appearances is important. The normal of structures named may, for clinical purposes, be given as follows: In the lids, skin smooth, lax and of color like that of the face; lashes arranged in two regular rows, the tips turning slightly up in the upper, down in the lower lid; punctum on both lids, turned slightly inward and touching the eyeball. In the conjunctiva normal appearances differ in different parts. For clinical purposes, and without regard to special changes in special forms of conjunctivitis, there are two elements in the healthy membrane which should always be borne in mind—the color of the palpebral membrane, especially of the lower lid,

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and absence of visible vessels in the ocular portion. Light red or pink, over a white background, describes fairly well the natural color of the mucosa in the lower lid. The same color, with more decided white background, and with adherent membrane, is seen in the upper conjunctiva of the inverted lid, covering the so-called "tarsal cartilage," the fibrous plate which gives the lid shape. The ocular membrane is lax, movable, thin and transparent. It contains a few minute vessels, which are movable. Mechanical irritation from moving often renders vessels visible which previously were not seen.

Transparency is the essential feature of a healthy cornea. Direct daylight is usually enough to show opacities or clouds, but oblique illumination from artificial light, by a convex lens, may be needed. The sclera should present a bluish-white smooth surface subjacent to the movable conjunctiva, with two or three minute vessels, the anterior ciliary, disappearing in its substance a little behind the cornea. In the iris the "luster" or glistening reflex from the anterior surface is a normal appearance of great importance. It varies, however, even in health, and for clinical purposes to a beginner is not of so great importance as the reaction of the pupil to light—the prompt closing or narrowing of the pupil when, with face toward the window and eyes covered, the screen is removed and bright daylight allowed to enter the eyes. It is a simple matter to remember these few points in normal appearances.

In routine work every case should be examined with reference to departure from these normals, and diagnosis withheld until all the structures have been inspected. In the lids one is to observe the skin surface first of all. Change in color is an early symptom of inflammation of the lids (blepharitis). The skin is reddened or scaly, and small scabs are seen at the margin of the lids or roots of lashes (cilia). Swelling or edema is to be noted. This may present diverse appearances. (a.) There may be nodulated projection at some point, the result of tumor from deeper lid structures—tarsal cyst, for instance. (b.) Non-inflammatory edema, or exudation into the loose subcutaneous connective tissue, occurring in kidney and heart troubles, anemia, etc. (c.) Inflammatory edema, due to exudation in the areolar tissue, but accompanied by inflammatory signs. Frequently the spot of infection causing this edema is in the lids, and can be detected, if not seen, by gentle pressure over the lids, pain being experienced as soon as the point is touched. Inflammatory edema of the lids is produced, too, by intraocular diseases. To call this edema "erysipelas," "acute dermatitis," etc., is a serious blunder.

Regularity in position and direction is to be looked for in the lashes. A lash may grow inward toward the ball—trichiasis, or wild hairs. The entire lid border may be rolled in or outward, en-or ectropion. Thus, the punctum is displaced, causing epiphora or teardrop. The position of the punctum is always to be noted. In conjunctival diseases there are characteristic changes in each variety. Some appearances are common to all. 1. The color of the palpebral membrane becomes a deeper red, the white background is obscured, and a velvety appearance takes the place of the smooth look of health. 2. The vessels of the ocular portion dilate and become visible. These vessels are easily recognized by their course from the lower fornix toward the cornea, movability and fading on pressure. 3. More or less mucous or muco-purulent secretion is present. Loss of transparency is the characteristic of all corneal disease. Distinction between acute keratitis and chronic states resulting, between the various kinds of keratitis, are for future study and observation.

Inflammation of the sclera or episcleral tissue is rare. Its characteristic is the presence of a nodule near the cornea, and generally at the outer margin. Its color is pink; there is great pain, especially on pressure. Sometimes the conjunctiva is movable over the nodule, again it is not. In iritis, change in color of the inflamed as compared with the well iris, and reaction of the pupil or its absence, are the diagnostic features. Reaction to light should be tested by both day and artificial light. When feeble, or not observed, a drop of homatropin hydrobromate, 1 or 2 per cent. solution, or of atropia sulphate, one-

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fifth of one per cent. solution (grain to ounce), makes the case clear. Either the pupil dilates regularly and promptly, or irregular dilatation shows posterior synechiae. Regularity of the undilated pupil is no criterion. A small and perfectly round pupil, with possibly very feeble, but usually no response to light, is often found in grave forms of iritis.

Cyclitis, the last of the troubles enumerated, is an inflammation of the ciliary body. Either it is traumatic from a wound in the ciliary region, or it is secondary to iritis. In the latter case objective changes are the same as those of iritis, with addition of increase in pain on pressure, or indeed, on the gentlest possible touch. Iritis is a painful disease, but the pain is not aggravated by pressure. There are other signs of extension backwards from the iris, but this increase in pain on touch is at once characteristic and easy of appreciation.

In the diagnosis of inflammatory troubles in the cornea, iris and ciliary body, one is often aided by the presence of a form of injection known as "pericorneal" or "ciliary" injection. You will soon have called to your attention the fact that there are certain structures in the eye which are non-vascular, and which depend for nutrition on neighboring areas of blood vessels. The cornea is one of these. Its chief source of nourishment is a circle of minute vessels, given off from the anterior ciliary before they enter the sclerotic coat. These vessels run beneath the conjunctiva as far forward as the periphery of the cornea, where they terminate in loops. The spaces in the cornea act as lymph channels, and obtain their supply from the pericorneal vascular zone. The latter is not visible in health. In inflammation of the cornea, iris or ciliary body it is visible as a pink ring around the circumference of the cornea, deeper than the conjunctival vessels, immovable, and fading little or not at all on pressure. Its presence is not absolutely diagnostic of lesions in one or more of the three structures mentioned, for the zone is sometimes injected in severe conjunctival disease or in episcleritis, but this is exceptional, and keratitis or iritis can be confidently looked for if this pericorneal, pink ring is present.

Correspondence.

INSURANCE PHYSICIANS INTERFERING.

BALTIMORE, November 5, 1899.

Editor of the Maryland Medical Journal:

Dear Sir—As one willing to give his view and make a suggestion concerning the insurance physicians interfering with our patients, permit me to state that I have adopted a method which leads to the only practical solution of the question. On one occasion a certain insurance physician (also a member of the Medical and Chirurgical Faculty) visited one of my well-to-do patients and made remarks similar to those attributed to Dr. Cordell's insurance friend. I concluded to meet my brother practitioner on his next visit and request, before the patient and family, an explanation of his conduct. I went into every detail concerning my patient's ailment and the treatment I had adopted in his case. I then asked the insurance doctor his opinion about my management of the case, and was surprised to find that he was in full accord with me on this point. But the incident had created so much ill-feeling that I felt impelled to ask my patient and his family to call in some other physician for future treatment. I think this the proper step to take. Any physician who, under these circumstances, is mean and contemptible enough to practically interfere with another's patient is not worthy of recognition either socially or professionally, and any patient who has such little confidence in his doctor that he can be so easily influenced is not worthy the mental effort a true and conscientious physician can tender him.

This incident occurred ten years ago, and I wish to state outside of this particular occasion it did not in the least affect my standing in this family nor branches of the family, which I professionally attend to this day.

Yours very truly,

JOHN H. REHBERGER, M.D.

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Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT WESTMINSTER NOVEMBER 14, 1899.

THE meeting was called to order at 10 A. M. by the president, Dr. Clotworthy Birnie, who introduced Dr. J. W. Hering of Westminster.

Dr. Hering: If I had been called upon to make any address other than an address of welcome on this occasion, in view of the conditions that have surrounded me and the engagements that have been upon me during the last few weeks, I should have been compelled to decline, but it did not seem to me a difficult matter to extend to the members of this Faculty a welcome to our quiet little city. Personally, there is no body of men to whom I would extend with greater pleasure a welcome to Westminster.

While I have not been actively engaged in the practice of medicine for some time, there has never been a period when I did not feel the deepest interest in the profession or was not desirous of keeping somewhat in touch with the advances of medical science. When I took my diploma—a long time, ago, it is true—from the University of Maryland in 1855, and opened my office in a very modest way, with moderate surroundings, in this town, I had in my library the standard textbooks upon the various branches embracing, as I thought, everything that was known upon these branches at that time, and, as I further fondly fancied, everything that was likely to be known upon them, and I considered myself well equipped. I found pretty soon, however, that one after another of these old friends whom I esteemed so highly had to be checked off as back-numbers, and that there were other and newer faces appearing at the door. While we rejoice in the advance of medical science, there is nevertheless a touch of pathos in the fact that in the struggle for the survival of the fittest many of these idols must be shattered, and it seems to me that Moore must have had some such thought when he wrote those beautiful lines to the evening bells. There is one book in my office that will never grow old—that is the charming lectures of Dr. Watson. I know that much that he said has since been overruled, but it seems to me there is still a large amount of medical philosophy that will never die in his book. However, I find myself being betrayed into a speech, and I must recall myself.

I hope your meeting today will be a success, and I want to say that we shall always be glad to welcome this Faculty or any of its members to this city.

The President: For myself I may say that I feel infinitely more at home in this Medical and Chirurgical Faculty than I would in any other body of men in the wide world, however much more that body might be esteemed by the general public. Standing as I do today in the double capacity of president of this Faculty and as a citizen of this town, it is not necessary that I should say a great deal. I am sure that Dr. Hering's greeting is welcome to you all and that it comes from his heart, for I know the heartiness and the hospitality of the citizens of this county. I am sure that he means everything he has said, and that not only he, but the profession of the town are glad to see you.

The medical faculty of this county has just reason to be proud of its record, for it has had on its roster, as it has at the present time, some of the most honored names of the medical profession in the country. We are not only pleased at the effect this meeting may have upon the profession in the county, for we as physicians have a higher and better aim than the success of the profession, or even the mere relief of suffering. Madam de Stael has said "the more I know of men the better I like dogs," and while it is perhaps true that some men who see so much of the folly and faults of men might be inclined to endorse this sentiment, it is not so of the physicians. They have a chance to see all sides of man's character, and they have a universally broad desire to teach men to live better and to take better care of their bodies and their lives.

Whilst as a body we can have nothing to do with politics in general, there are at present two features of public business

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in which the weight of this Faculty should be felt to greater extent than it has been. I mean in the securing of better hygienic arrangements and in the care of the insane. I need not go into an extended talk now of these things, for you all know the great need of work in this direction in the State of Maryland. The impetus required to secure such improvements must come from the medical faculty, and it can come from nowhere else. If our State is to have better hygienic laws, better almshouses and a greater number of asylums for the poor insane, not only the beginning of such a movement, but the impetus by which it is to be kept up, must come from this Faculty. I believe it is true that there is no other body of men on earth that would urge the enactment of laws which must in themselves and in their results tend to lessen their receipts, and I believe there is no other body of men whose efforts can succeed in bringing about such good results as may be attained by the united medical profession.

Medical Progress.

ON THE RIGHT OF THE PHYSICIAN TO KILL THE INCURABLE SICK.—The readers of the lay press may have noticed recently, says the International Medical Journal, a discussion evoked by the assertion of Dr. Dickerson, who frankly avers, in the most positive language, that he believes it is right to kill the incurable sick. Not only does he believe this, but he, in appalling frankness, admits that it is his habit to do so. With well-turned words and sentences he builds a plausible fabric of reason, and by sheer boldness of assertion amazes the reader by his arguments and confounds them by his frank admission of indulging in scientific murder. He urges that the physician's mission is to cure the sick and alleviate human suffering. If he fails to cure, his duty yet remains to alleviate suffering. If he cannot alleviate suffering by any other means, he reasons that the physician should end the patient's suffering by the administration of anesthetics and other medicines until life is extinct. For boldness and audacity of assertion this Dr. Dickerson certainly stands out as a conspicuous figure. He evidently believes in the righteousness of judging according to appearances rather than to judge righteously, for he seemingly, by his acts and assertions, is superior to both civil and moral law. Men's opinion, reason and judgment are as full of flaws and faults as man himself. Opinion, reason and judgment are mediums between our perceptions, our insights and our ignorance. Our ignorance is a creator of audacity, impudence, absurdity and a source of misery and vice. We will not argue concerning the moral and civil law of this question, but from the plain life-history of the physician we take it, just from what Dr. Dickerson says, that he is more of a physician than a surgeon. The more experience a surgeon has the more relatively does he view the uncertainty of human judgment. As his experience comes, as his knowledge grows, as he views the varied facts, data and results of an active life, the less is he likely to desire to assume any other function than one strictly in the best function of his calling. Age, experience and practice, in the conscientious surgeon, all infallibly lead to one conclusion. There is neither glory, honor nor happiness, except in the perfect function of his calling. The sensible doctor desires not to be judge, lord and master of all, but only an honest devotee to a worthy and useful profession. The fallibility of the surgeon's judgment, even under conditions far more favorable than the physician's for a diagnosis and prognosis, is constant, particularly so in seemingly incurable troubles. How often does the surgeon find that prognosis under the same relative conditions is uncertain. Many an abdominal tumor has, by its extent of involvement, debarred operative procedure, and, despite a dismal prognosis and every element of seeming knowledge, has recovered. Certain it is, in surgery our experience plainly tells that the best of knowledge is fallible, and that our ignorance is too deep and profound for us to assume the *rôle* of supreme arbiter. Any man is a fool who assumes to be superior to his calling. There is a limit to function, and beyond this limit none but an ignorant or a crazy man will go. We

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are only called upon to do our full duty. We are never called upon to assume the rights and purposes of a God and Creator. The physician should only use his profession in the purity of its function, and no law of God or man indicates that he should assume a criminal function entirely out of the realm of his calling. We quote the following from Ambrose Burce upon this subject:

"It is urged that, not knowing the purposes of the Creator in creating and giving us life, we should endure (and make our helpless friends endure) whatever ills befall, lest by death we ignorantly frustrate the Divine plan. Merely pausing to remark that the plan of an omnipotent Deity is probably not easily frustrated, I should like to point out that in this very ignorance of the purpose of existence lies a justification of putting an end to it. I did not ask for existence; it was thrust upon me without my assent. As He who gave it has permitted it to become an affliction to me, and has not apprised me of its advantages to others and to Himself, I am not bound to assume that it has any such advantages. If when, in my despair, I ask why I ought to continue a life of suffering, I am uncivilly denied an answer, I am not bound to believe, and in lack of light may be unable to believe, that the answer, if given, would satisfy me. So, the game having gone against me, and the dice appearing to be loaded, I may rightly and reasonably quit."

That is the way that Dr. Dickerson would probably reason if incurable and in great pain. I confess my inability to discern the fallacious nature of his argument. Indeed, it seems to me that, so far as concerns baffling the Divine purpose, the patient who calls in a physician and tries to recover is more obviously guilty of attempting to do that than the patient who tries to die. To an understanding that accepts life as a gift from God illness might very naturally seem a Divine intimation of an altered mind. To one thinking after that fashion, voluntary death would necessarily appear as cheerful submission to the Divine will, and the taking of medicine an impious rebellion.

The right of suicide implies and carries with it the right to put to death a sufferer incurably ill; for the relief which we claim for ourselves we cannot righteously deny to those in our care. We would naturally expect a medical advocate of suicide to kill a patient occasionally as humanity may suggest and opportunity serve. Dr. Dickerson's frankness is no less than appalling, but, on a survey of the entire question, it seems a good deal easier to point out his infractions of law than his disloyalty to right, reason and the higher sentiments.

It is, above all, our duty to do what is right. If we do not know the purposes of our God and Creator in making man; if we do not know why He makes man live, die and suffer, and our every-day experience shows the depth and continuity of our ignorance, then why assume any doubtful function based upon the perfection of knowledge? The physician's sole duty is to strive to cure diseases and alleviate pain. Beyond this his function does not go, nor is he called upon at any time to interpret the purposes of God Almighty. Here, again, we find it is true that "it is not wisdom, but ignorance, which teaches men presumption."

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THE MEDICAL JOURNAL AND THE ADVERTISER.—The medical journal and the various purveyors to the medical profession, says the St. Paul Medical Journal, are mutually dependant; neither can afford to do without the other. No medical journal could exist on the income of its subscription list; it must have a certain amount of paid advertising. No manufacturer whose products are intended for physicians' use can hope for a profitable business unless he makes his wares known to the profession through the medium of the medical journal. The relations, then, between the advertiser and the medical journal should be cordial and close; they should also be business-like, and, above all, they should be honest. There are many kinds of medical journals and there are many kinds of advertisers, but for convenience we may divide them both into two classes, the honest and the dishonest. The honest medical journal puts a certain price upon its advertising space and sells this space for this price to any reputable manufacturer or dealer.

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The honest medical journal divides its space into a certain number of pages of scientific reading matter and a certain number of advertising pages, and these two sets of pages are kept absolutely separate, neither being allowed to encroach upon the other; so that the reader knows at a glance when he is reading the honest views of the editor, the collaborator or the original contributor and when he is reading an advertisement. The honest advertiser, if he is at the same time a sensible one, appreciates the value of the advertising space in the honest journal, and puts in what he has to say, concerning what he has to sell, in the space he has bought and paid for, and neither asks for nor expects anything further. Granted that the above standard of honesty is correct, it will doubtless be a surprise to many to learn that there are not a dozen honest medical journals published in the United States today. Any person doubting this statement can find ample confirmation of it in a half-hour's perusal of the journal files in our library. It would take too long to enumerate the many forms of journalistic dishonesty which are stamped upon the pages of so many of our exchanges, but we will take the time to call attention to a few of the more conspicuous of them. In the first place, there is the so-called "Publisher's Department," which contains clippings from other journals of its own class concerning the wonderful results following the use of some of the articles which are described in the journals' advertising pages. This is, perhaps, the least dishonest (if we can qualify the word), because the nature of the reading matter is so apparent. Next comes the department headed "Clinical and Therapeutic Reports," which are invariably found to consist of the reports of cases which have been cured by the use of some preparation elsewhere advertised. More insidious than the above is the "Reading Notice," which is found here and there throughout the journal in odd spaces and which is usually so expressed that it appears to represent the editor's opinion concerning some special article which will always be found described in full in the advertising pages. Then there is the "Editorial Puff," which is an outspoken editorial expression concerning some advertised article. (This is said to be very expensive.) Lastly, there is the "Original Article," which some one has been hired to write and which is speedily sent in the form of reprints to every physician in the country. We were somewhat amazed only a few weeks ago to read an article from the pen of a well-known medical teacher and author in the pages of one of the most widely-read New York weekly journals extolling the virtues of a certain brand of lithia water. This article has since appeared in numerous other journals, and the reprints will doubtless soon reach us. We could not help wondering how much the distinguished gentleman was paid for writing the article, and how much the journal was paid for publishing it. We have been approached (and we have the letters on file) by many of the larger advertisers concerning the various schemes mentioned above, and we have before us at the present time an advertising contract recently received from a well-known New York chemical company, at the bottom of which appears the following: "Contract to become valid upon publication of an original article on '———,' with report of cases." It is needless to say that this contract, which is similar to many others we have received, has not been and will not be signed by us. Whether this particular kind of bribery had its origin with the unscrupulous, dishonest medical journal, or whether the original sin came from the advertiser, we are not prepared to say; indeed, it matters little. The Philadelphia Medical Journal of September 16, 1899, publishes a copy of a letter which is addressed to advertisers by the editor (or business manager, it is not stated which) of a medical journal, which is a good example of the rottenness of this kind of journalism, and we cannot help wondering whether it is not just a little too rotten for anyone to bite at.

There are manufacturers, we are glad to say, who are intelligent enough to realize that such methods as we have alluded to are not only dishonest, but that they do not pay. As soon as physicians begin to find that they are being "buncoed" by paid-for reading notices and editorial en-

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dorsements they not only fight shy of the journal which deceives them, but they become suspicious of the articles which are advertised in this sneaking, underhanded manner.

The cure for this evil state of things is simple and radical. If every medical man who has at heart the interest and honor of his profession would refuse to support dishonest medical journalism it would soon die. There are a few honest journals which are conducted by non-medical publishers, and there are a few dishonest journals which are conducted entirely by medical men, but the journal which is owned, edited and published by physicians, and whose business management is entirely unconnected with any publisher or manufacturer, is the journal which should be supported by the profession, for it is the only journal which can be said to belong to the profession.

* * *

THE DANGERS OF REDUCING DISLOCATIONS OF THE SHOULDER BY THE FOOT-IN-AXILLA METHOD.—W. T. Thomas, in Medicine, states that the frequency with which local palsies occur after dislocations of the shoulder is due largely to the older methods of reduction. He has seen a number of cases in which the grasp of the hand was quite normal before the reduction, and consequently he regards the means as a cause of the paralytic trouble. His method of reduction is as follows (taken from the Medical Review, September, 1899):

The patient is seated on a firm stool or chair; an assistant stoops down on the left side, if the right shoulder is dislocated, and, with his left arm crossing the front of the patient's chest, places the hand firmly on the end of the right clavicle and acromion; his right arm is passed behind the patient's back and grasps with hooked fingers the axillary border of the scapula. This is to fix the scapula and prevent the manipulator dragging the patient off the chair (occasionally a second assistant becomes necessary to hold assistant No. 1 if the muscles of the patient are powerful and traction by the surgeon has to be kept up long). The surgeon, keeping the elbow at a right angle, grasps the wrist of the dislocated arm with his right hand and the lower end of the humerus from behind with his left hand, and locks this hand against the forearm of the patient to prevent slipping. He now quietly and slowly abducts the humerus to the right angle. Traction outward is commenced as soon as the humerus is half-way up, and is steadily and quietly, but firmly, continued, at the same time gently rotating the humerus outward; in other words, drawing the arm out of the side and taking the hand and forearm up in the air, keeping the elbow at a right angle all the time. If the head of the humerus does not travel from beneath the coracoid process, in subcoracoid dislocation, the surgeon places his own feet nearer the patient, and while steadily pulling falls away from the patient, thus bringing his own weight to assist traction, and in some obstinate cases slowly rocking the humerus up and down or from side to side, to tire the powerful muscles which are resisting, chiefly, of course, the deltoid and pectoralis major. In ordinary cases the head of the bone easily slips into the glenoid cavity, and, on account of the steady, continuous traction, without snap or jerk. If the head is not reduced by this time, rotation outward is continued until locking occurs. Rotation inwards now immediately puts the humerus right; traction is at once stopped, and the surgeon slings the reduced arm to the patient's side, keeping the hand high.

If this method is used slowly and thoroughly, so little pain is caused that chloroform is rarely required to relax the resisting muscles. The writer generally keeps up a running conversation with the patient during the manipulation; this serves to distract his attention and causes involuntary relaxation of the muscles. Chloroform is occasionally required, not on account of the size of the muscles, but in highly-strung, nervous men or women, who will not bear even slight discomfort, still less actual pain. If an anesthetic has been administered the scapula is fixed in the same manner, the patient, of course, now lying down; the same traction and manipulation is gone through, but very little of each is then required. (Altering "left" to "right" and "front" to "back"

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in the above description will, of course, apply to dislocation of the left shoulder.)

Résumé.—Fix scapula; abduct arm, elbow being at a right angle, and apply traction; rotate humerus outward, add weight to traction if reduction obstinate, and rock humerus to still further tire the muscles if the patient is powerful, and rotate outward until locking occurs; rotate inwards; sling hand to opposite shoulder.

The only criticism to be passed upon this method is a failure to recognize principles in the reduction of dislocation, which were pointed out by the late Professor Gunn, namely, that the limb should be placed in the same position in which it was at the moment the dislocation occurred, and gentle traction should be made in the reverse direction. There is undue importance given to muscular contraction as one of the elements in preventing reduction. This error was early pointed out by Professor Gunn. He conclusively showed that it was the untorn portion of the capsular ligament which hindered the joint from being replaced.

* * *

UNIFORM LICENSING.—The Medical Examiner says: Efforts are making to establish uniform requirements for the licensing of physicians throughout the United States. We are always heartily in favor of improvements, and would be pleased to know that it is possible to have uniformity in the above respect. License to practice in one State ought to carry with it the license to practice in any other State. We fear, however, that under existing circumstances uniformity cannot be established for two principal reasons: First, while human beings everywhere ought to receive the highest grade of surgical and medical attention, there is no inducement for men of the higher grades to settle as practitioners in localities where their services are not appreciated and will not be adequately paid for. Most city physicians would be as much out of place in country communities as many country physicians would be if located in cities. There is an adaptation of the quality of medical service to the requirements of the community. Therefore, the quality of the medical service adapted to certain parts of the country would be eminently out of place in others. There is not an uniformity in the requirements as to medical service in every part of the country. Then, again, in order that a uniformity of license should prevail throughout the United States, the basis for establishing it should be the same. In other words, all physicians seeking a uniform license should be equally well educated up to a certain standard, and this calls for uniformity in the requirements of the several States and Territories. As these requirements refer to matters of education, especially medical educations, one can readily see that as the medical colleges are at present organized, both as to preliminary requirements and medical education proper, at present there cannot be a uniformity as to the fundamental requirements, as you may readily see by referring to the Bulletin of the American Academy of Medicine, vol. 4, No. 3, in which is published the report of the Committee on the Condition of Medical Education in the United States, Doctors E. Fletcher Ingalls, Thomas H. Hawkins and John C. Oliver, committee, in which are set forth, among other things, the preliminary requirements for entering medical colleges and the requirements for graduation. There are very great differences in these regards among the medical colleges. As to preliminary requirements, seven colleges require nothing more than a common-school education; one only a teacher's certificate; three that the student shall have studied only one year in a high school, "which implies an education that is often attained by boys and girls before they are thirteen years of age." Eleven require for admission evidence of having completed the course of instruction in a common high school; thirty-four require a diploma from a high school giving a thorough preliminary education. The committee emphasizes this part of their report by declaring emphatically that they believe the time has come when no student should be allowed to commence his course in medicine before he has a thorough high-school education, which implies, of course, that students begin the study of medicine now without a thorough high-school education. There is as much difference, according to the

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committee, in regard to the requirements for admission to advanced standing. For instance, four colleges apparently require no evidence of previous college attendance except the student's statements to enable him enter one of the higher classes, while others have various requirements. There is a very great difference among the colleges in these and other respects, so much so that some colleges in the United States are admitted to the college association, and some are not because they do not come up to the requirements for admission. And there is a difference as between the Northern and Southern medical college associations. There is no uniformity among them in regard to educational matters. Therefore, so far as education is concerned, there is no uniform basis upon which the committee considering uniformity as to license can build. Before uniformity of license can be established, uniformity in other things must be looked after. At least, so it seems to us.

Insurance companies would greatly appreciate the establishment of uniformity as to license, because it would mean uniformity in educational matters and improve the quality of medical examiners.

* * *

REMOVING ADENOIDS.—P. Rudloff, in the Laryngoscope, draws attention to Rose's method of performing operations on the hanging head in cases in which there is danger of blood suction. Adopting this method, which excludes the dangers arising from the aspiration of blood and tissue, he described his method, which he had employed during the last eleven years. His experience included over 700 cases. He advocated the free administration of chloroform and employed Boecker's and Hartmann's curette in performing the operation. In describing the method of operation he drew attention to the following points:

I. Adenoid growths occasionally have their origin in Rosenmüller's fossæ. In removing them it is important (*a*) to avoid injury to the pharyngeal orifice of the Eustachian tube; (*b*) to bear in mind that the tissue surrounding the carotid artery extends into the lateral wall of the fossa and that danger of injury to this artery is to be guarded against. How necessary this warning is is proved by the case recorded by Schmiegelow.

II. Adenoid growths must be thoroughly removed (*a*) in order to avert as far as possible the danger of recurrence, (*b*) because a certain percentage of the cases which occur are tubercular.

III. If the tonsils are enlarged, it is advisable to remove them some time previously.

Dr. Rudloff illustrated his method by means of a specimen (sagital section through the head) and exhibited the instruments he employed. He further showed casts, illustrating the varying dimensions of Rosenmüller's fossa and the relations existing between these fossæ and the orifice of the Eustachian tube, and referred to a specimen showing the relation between the carotid artery and the lateral wall of Rosenmüller's fossa, for exhibition in the museum of the Congress.

His statistics recorded a recurrence of 3½ per cent.

In concluding, he remarked that he did not confine himself to the method he described, but adapted himself to the individual peculiarities of the cases which came under his care.

* * *

MANAGEMENT OF THE CRITICAL STAGE OF ACUTE DISEASES.—In a clinical lecture O. Rosenbach (British Medical Journal) insists on the importance of the study of the crisis in acute diseases, a study he considers has been neglected since the clinical thermometer was introduced by Traube. In enteric fever the author recommends a small dose of phenacetin or antipyrin from time to time, commencing with 0.25 gram (say gr. 4) and not going beyond a maximum of 0.5 gram (say gr. 8), about four to six hours before the expected rise of temperature, previously ascertained by a two-hourly use of the thermometer. Marked fall of the temperature will be observed to follow, which, according to the author, will be a sure guide to the intensity of the disease. Further on, Rosenbach points out that even where the temperature is kept down by antipyretics the course of the disease is not rendered more favorable—indeed, is

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at times prejudiced. At the commencement of an illness he considers small doses of quinine act in a tonic manner. He is opposed to the frequent and indiscriminate exhibition of alcohol and stimulants, especially in the early period of pyrexial disease. They find their place later on in inanition from malnutrition, and when there is a sudden considerable elevation of temperature associated with asthenia. Digitalis in medium doses is also used as a protoplasm tonic in pyrexia. As to the rapidity of the pulse, 100 beats or a little over, persisting for some time, when the heart sounds are normal, need give rise to no anxiety if at the same time the extremities are warm and the arteries soft. In conclusion, he considers it is wrong systematically to combat the feverish symptoms at any price, especially as regards the temperature. He insists on the importance of expectant treatment, using expectant in the proper sense of that term, and not as equivalent to doing nothing (nihilism). Also, *primo non nocere* and "treat the patient, not the disease."

* * *

INFLAMMATION OF THE HIP BURSAE.—Zulzer (Therapeutic Gazette), on the basis of a case which led to repeatedly mistaken diagnosis, contributes a profitable study of the inflammations of the bursæ placed above the hip-joint. Inflammation of these bursæ are comparatively rare, and it is, perhaps, mainly because of this that when they are encountered a mistake is common. The two bursæ of chief clinical interest are the one placed beneath the iliopsoas muscle and the one lying beneath the gluteus maximus over the greater trochanter. Hydromata, cysts and abscesses may occur in either of these bursæ.

A collection of sixty cases made by the author shows that fourteen were subiliac and the rest trochanteric.

The subiliac is placed below Popart's ligament and beneath the iliopsoas muscle. When this bursa becomes inflamed and swells, the tumor may reach large dimensions, extending even as far as the middle third of the thigh. A smooth, tender, usually fluctuating tumor develops, often accompanied by pain along the course of the crural nerve, and sometimes complicated by symptoms of pressure upon the large vessels. There is some interference of motion and occasional fixation. The leg is usually held in abduction, slight outward rotation and moderate reflexion.

The disease is distinguished from coxitis by the absence of shortening, by the fact that the great trochanter is in its normal position, and by the absence of tenderness in the hip-joint. Injury is usually the cause of inflammation, though exceptionally rheumatism, syphilis or gonorrhea may cause a bursa in this region. The disease is extremely chronic.

Trochanteric bursitis is characterized by much the same symptoms, except that it may be confused not only with coxitis, but with periarticular abscesses or inflammation of the tronchanter itself. The trochanteric bursa frequently becomes tuberculous.

The treatment should be radical, the entire sac being dissected out.

* * *

PUTTING A PRICE ON CHARITY.—Two arguments, says Pediatrics, may be advanced against the system so much in vogue in this and other cities of charging a small fee for medicines and dressings furnished in a dispensary, or for the use of a bed in a hospital. In no one of these institutions, probably, does the small sum demanded compensate entirely for the drugs, board and general care of the patient, not to mention the medical attendance. Frequently self-respecting individuals, who could afford to pay a physician and who would hesitate to accept absolutely free treatment, resort to such institutions because they can obtain treatment cheaply, overlooking the fact that they are the recipients of charity.

The second argument is that the superintendents' clerks are liable to refuse to admit worthy, though penniless, cases, alleging when such apply for admission that the hospital is full. They probably think thus to gain the approbation of the management by curtailing expenses. This may not be the true reason for their action, but that they do sometimes turn away the worthy pauper cannot be denied.

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BALTIMORE, NOVEMBER 18, 1899.

Does Practice Pay?

THIS question is often asked and not often answered. The practice of medicine is an uncertain support, to say the least. It resembles in many ways the distribution of money. Those who have much gain more, and those that have little lose even what they have, and while the trusts are gradually gathering all the wealth of the land into few hands, so the few prominent physicians are gradually gathering all the cream of the practice into their own hands. In the latter case it is true merit and skill that wins, for the poor physician, however popular, cannot remain popular forever and have success throughout.

What, then, becomes of the other physicians who do not have these large practices and who seem to live? Statistics show that of one hundred graduates after, say, twenty years, a certain proportion have given up medicine, some succeed and thrive, and that number is small, while many eke out their existence in a miserable way. There are a great many, however, who do not care for a large practice, and by the aid of independent means, by the aid of other work which brings in an assured revenue, manage to have a certain amount of good practice and yet get some pleasure out of life.

The physician who works so hard, and sees cases from morning to night, has no enjoyment in life, and too often is so busy that he does not attend to his bills. One way in which professional men make money is in stock speculating. If the papers are to be believed, in a list of the assets and liabilities of a certain stock broker who recently failed were the names of many physicians. There are some physicians who make $10 to $20 a day in medicine, while in stock speculation they earn from $50 to $100.

In many other ways, such as through political and other positions, in examining for life insurance, the physician's salary is helped, and when the matter is sifted to the bottom there are very few physicians compared to the great number that actually support themselves and their families on just what they earn at the bedside and in the office.

* * *

The Westminster Meeting.

THE Westminster meeting went off most satisfactorily, and those in attendance can testify to the hospitality of the Carroll county physicians. The opening paper by Dr. Osler on the home treatment of consumption was a most timely one and in line with the work which is being done by the Hospital for Consumptives here. The member who spoke of the need of a State sanitarium is hardly conversant with the work which is being done in this State in the treatment of consumption.

The motion of Dr. Reik to appoint a committee to report on the advisability of the consolidation of the various medical societies and holding sectional meetings, as the New York Academy of Medicine does, is not a new idea, but it was very timely. Some of the older local societies may shrink from merging their identity into the Faculty's great grasp, but such a plan would attract more members to the Faculty and would certainly save the dues paid to local societies.

The dues of the Clinical Society, for instance, are $2 a year, with $1 entrance fee. This is greatly in excess of the needs of that society, which has more than once made gifts to the Faculty out of its abundant treasury. The Clinical Society puts by each year several hundred dollars. This is unnecessary taxation of the members, and if all were merged into the Faculty these extra fees would be saved and each member could serve his special section.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 11, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	13
Phthisis Pulmonalis	2	17
Measles	3	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	68	9
Mumps	..	..
Scarlet Fever	5	1
Varioloid	..	..
Varicella	9	..
Typhoid Fever	*8	3

*1 case imported.

Lancaster, Pa., wants a filter plant.

Dr. John Thomas Arlidge of England is dead.

Dr. J. E. Graham of Toronto University is dead.

Richmond now requires births to be reported.

A man in Indiana has sued a physician for $10,000 for failing to respond to a call.

The addition to the Hospital for Consumptives is rapidly approaching completion.

Dr. J. C. Staley, a native of Harper's Ferry, died recently in Arkansas, aged seventy-eight.

Dr. Lawrence Turnbull has resigned from the chair of otology at the Jefferson Medical College.

A number of cases of typhoid fever in the large cities has given a boom to the natural mineral waters.

The attendance at the Westminster meeting from points outside of Baltimore was especially encouraging.

A baby, supposed to be dead, and put on ice in the New York morgue, was discovered by its kicking and crying.

A memorial to the late Dr. Müller, who fell a victim to the plague in Vienna in 1898, was recently unveiled in the large General Hospital of Vienna.

Dr. James M. Morrison of Baltimore died last Monday. Dr. Morrison was born in 1838, and received his degree at the University of Maryland in 1859.

It is proposed to consolidate the medical societies of Baltimore, or even of Maryland, and hold sectional meetings, such as the New York Academy of Medicine does.

One good point taken up at the Westminster meeting of the Faculty was the proposed amendments to the lunacy laws, and it is likely that Drs. Preston, Brush and Hill will push the matter before the next legislature.

The *Journal of Eye, Ear and Throat Diseases*, under the able editorship of Drs. Francis M. Chisolm and John R. Winslow of Baltimore, with many capable assistants, has been so successful that it will now be issued every two months instead of quarterly as heretofore.

Dr. Henry Barton Jacobs, secretary of the American National Committee of the Thirteenth International Medical Congress, to be held at Paris August 2 to 9, 1900, has sent out a circular containing the rules and regulations of this congress and also a blank form of application for membership.

The *North Carolina Medical Journal* says that the Salisbury Sanitarium was opened on October 25, and will be under the care and management of Dr. J. E. Stokes, recently of Johns Hopkins Hospital. Dr. Stokes was for seven years Dr. Kelly's assistant at the Hopkins Hospital and has enjoyed the advantages of foreign study at Vienna and Leipsic. As Dr. Kelly's assistant he was personally acquainted with many physicians of the State, and his removal to North Carolina will be a most creditable addition to the medical fraternity.

The following item is going the rounds of the medical press: Not long ago a surgeon in San Francisco was paid $30,000 for performing a successful operation for appendicitis. Dr. Howard A. Kelly of Baltimore is said to have been paid $21,000 for an operation and twenty-one days' attention upon a mine-owner's wife. Dr. Tiffany of Baltimore received $10,000 for a single operation; Dr. Chambers of same city $5000 for operating for a stab wound; Dr. Parks of Chicago received $10,500 for an operation, and Dr. Bernays of St. Louis $5000 for a single operation.

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Book Reviews.

DISEASES OF CHILDREN. Manual for Students and Practitioners. By George M. Tuttle, M.D., Attending Physician to St. Luke's Hospital, etc., St. Louis. Series edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor in Surgery, College of Physicians and Surgeons, etc., New York. Illustrated with five plates in colors and monochrome. Pp. 386. Philadelphia and New York: Lea Bros. & Co.; Baltimore: Medical & Standard Book Co., 3 West Saratoga street.

There is very little to say of this manual. It is almost too much epitomized to be useful, and yet every point is covered, which he states in the preface to his object. In treating diphtheria the author advocates giving the antitoxine by the mouth. The plates of Koplik's spots are fairly good. While a reviewer dislikes very much to say anything against a book which has some good points, he must confess to the feeling that manuals of this kind are not additions to literature, and look like the "machine-made" book turned out to sell.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M.D. Volume III, Ninth Series. 1899. Pp. 298. Philadelphia: J. B. Lippincott Company. 1899.

The lectures in these volumes keep up to the standard. Some are excellent, some fair and a few very poor or evidently "squeezed out" to fill out pages. With some few exceptions the names of the writers are not as prominent as those that appeared in the early volumes. This, of course, has many advantages, as many an unknown aspirant gives to the world better work than the too often mere platitudes of the celebrity. One reason for the gradual disappearance of the better-known writer is that the publishers, with false economy, are offering a smaller remuneration and must consequently employ cheaper writers. Taking the lectures all through, however, they contain a fund of information and are probably worth the little asked for them.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M.D., LL.D., F.R.C.P. Seventh American edition. Philadelphia and New York: Lea Bros. & Co. 1898.

Playfair's Obstetrics is a work so very well-known both in this country and in England that little need be said as to its particular merits; however, occasion might be here taken to condemn the publication of so many editions of the same book, for with our present rapidly increasing knowledge, and therefore frequently changing ideas, not only of obstetrics, but of medicine and pathology in general, it seems impossible to sufficiently revise any given medical work so that it is absolutely up to date and still retain enough of the original matter to justify its appearing under the same title.

The present volume is the seventh American from the ninth English edition, and although a most excellent work, yet one can plainly see the marks of frequent revision, which do not show up to advantage.

The author has treated his subject under the following heads: Part I—Anatomy and Physiology of the Organs Concerned in Parturition; Part II—Pregnancy; Part III—Labor; Part IV—Obstetric Operations, and Part V—The Puerperal State. The work being so well known, little need be said as regards its particular advantages. The chapter on "Conception and Generation" has been rewritten by Dr. T. W. Eden, whose well-known work on the histology of the placenta renders him well able to give a clear and comprehensive account of this most important subject. The section on "Puerperal Infection" leaves, we think, something to be desired, but in the main is good, particularly that part which deals with the history of our present conception as to its cause. Puerperal thrombosis and embolism, a subject usually little mentioned in text-books, is thoroughly discussed in a most masterly manner and is in itself a most valuable monograph.

REPRINTS, ETC., RECEIVED.

Cavities in the Brain Produced by the Bacillus Aerogenes Capsulatus. By Robert Reuling, M.D., and Arthur P. Herring, M.D. Reprint from the *Johns Hopkins Hospital Bulletin.*

Notes on Malaria in Connection with Meteorological Conditions at Sierra Leone. By Major E. M. Wilson, C.M.G., D.S.O., etc. London: H. K. Lewis. Price one shilling.

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Original Articles.

NOTES ON MANILA.

By Lewellys F. Barker, M.B.,
Baltimore.

REMARKS MADE BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, AT WESTMINSTER, NOVEMBER 14, 1899.

As DR. FLEXNER has spoken of the appointment of the medical commission from the Johns Hopkins University to the Philippines and has referred to the general work done in the hospitals and laboratory in Manila, to the diseases which prevail among the American forces in the islands and to some of our experiences (shared by Messrs. Flint, Gay and Garrett) among the Filipinos, it may be interesting to you to listen to some notes, gathered more or less at random, concerning the archipelago, the city of Manila, the climate and the prevalence of beri beri among the natives.

The Archipelago.—The number of islands in the archipelago is variously estimated from 600 to 2000, but of these only eleven are of any considerable geographical importance. The largest island is Luzon, with an area of more than 40,000 square miles. The next largest is Mindanao. The other large islands are Mindoro, Samar, Panay, Negros, Palawan, Leyte and Cebu. The total area of the islands, if the Sulu group be included, is said to be as much as 115,300 square miles. The group extends over nine degrees of longitude and sixteen degrees of latitude. On the north is Formosa; on the north and west, China and Indo-China; on the south, Borneo and the Moluccas. The islands are mountainous, and there are a number of active volcanoes. The shores are deeply indented by bays and inlets, and fresh-water lakes and rivers are abundant in the interior. Except for the seacoast, all maps of the country are thus far very defective, and geographers have much to do in the study of the interior. It is believed that minerals abound in different parts of the archipelago. Gold, copper, lead and other minerals have been discovered, but thus far the mining industry has not been well developed. Coal fields are found in a number of the islands, especially in the center of the group. Extensive earthquakes are by no means uncommon, while slight undulations are occurring all the time, as the seismographic tracings made at the Manila observatory show.

The climate is continually that of summer, the heat, especially during the wet monsoon, being peculiarly moist. It is the constancy of the heat through night and day, together with the high degree of humidity, rather than the actual elevation of the temperature which makes the climate trying. The northeast monsoon prevails from October to April and corresponds to the finest portion of the year in the Philippines. During these months the climate leaves but little to be desired. May and June are the two hottest months in Manila, and they, together with the beginning of the wet season, are the most difficult to bear. The wet season corresponds to the period of prevalence of the southwest monsoon. Typhoons or circular storms may occur at almost any time, but are most likely to be met with when the monsoon changes. Enormous losses of life and shipping have resulted from these storms. Fortunately, through the activity of the Jesuit fathers at the Manila observatory, the approach of a typhoon is now always recognized at an early hour, so that storm signals can be

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raised along the coast and the advent of a storm communicated to Hongkong by submarine cable.

The chief industries of the island are the preparation of hemp, sugar, copra and tobacco. Notwithstanding the fact that the resources of the island have only begun to be explored, the trade in these four commodities has already reached significant dimensions. Thus for the year 1897 the exports of hemp amounted to 18,040,760, of sugar to $12,928,000, of copra to $4,462,920, of tobacco-leaf to $2,786,200, and of cigars to $1,694,600. The hemp goes chiefly to Great Britain and America; the sugar mainly to China and Japan.

The City of Manila.—Manila is a large city, probably the second largest in the East. It is situated in Luzon on Manila bay at the junction of the Pasig river with this body of water. The Pasig river itself is a narrow stream connecting a large inland lake, the so-called Laguna de Bay, with Manila bay. Modern Manila is a composite town consisting of the old walled city and a large number of suburbs, each with its own special name and streets. The same name may be given to a street in two different suburbs, so that in giving one's address it is often necessary to associate the name of the suburb with that of the street. Outside the walled city the main business portion of the town is a region known as Binondo. The aristocratic residences of the Spaniards were situated in the suburb called San Miguel. In this quarter was the governor-general's residence and the homes of many of the Spanish officers and of the foreign consuls. In Ermita and Malate most of the rich foreign traders resided. Tondo was almost a purely native district, and it will be remembered that it was here that the worst outbreaks occurred during the recent insurrection. This portion of the town was almost entirely burned down. Other districts are Concepcion, Santa Cruz, Quiapo, Sampaloc and Paco.

The fortifications about the old city consist of bastioned and battlement walls built at the end of the sixtenth century. Just outside the walls, except where the city is naturally surrounded by water, there are deep moats said to be paved at the bottom and provided with sluices with which they can be filled with water from the Pasig river. These moats are now partly full of water, the edges are overgrown and there is much mud and organic refuse in the bottom. An attempt was once made to cleanse the moats, but was soon abandoned, as it was feared that the removal of the stagnant water and putrid vegetable material might give rise to a severe epidemic. The city is lighted by electric light. The paving is for the most part inferior. A tramway runs through the town, the cars being drawn by ponies, most of them in wretched physical condition. There were several daily papers in Spanish times, but nearly all of these have given place to English dailies since the American occupation. One or two daily papers printed in Tagalog were in existence during our visit. The population of Manila, including the suburbs, was estimated in 1896 to be 340,000. The total population of the islands is probably less than 8,000,000, of which 100,000 are Chinese. There were at the time of the outbreak of hostilities about 25,000 Europeans in the archipelago.

The city of Manila is supplied with excellent water, which is pumped to a large reservoir situated several miles from the city and thence conducted into the city by large pipes.

The Hospitals in Manila.—These may be conveniently divided into the military hospitals and the civil hospitals. The American army hospitals consist in the first place of two large base institutions—the First Reserve Hospital, situated in Concepcion, and a Second Reserve Hospital, located in Malate. Besides these two large hospitals there are situated in different parts of the city various district and regimental hospitals, which atttend to minor ailments of soldiers and serve as feeders for the larger institutions when more severe diseases are encountered. Col. A. A. Woodhull is the surgeon in chief of the army forces in the archipelago. His extensive medical experience, together with his unusual executive ability, largely account for the excellent administration which one finds in Manila. The First Reserve Hospital, under the charge of Major Crosby and a large force of surgeons and physicians, has some

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1200 beds, and to it come most of the gunshot wounds and a large proportion of the very acute diseases. The wounded insurgents are also cared for at this base hospital. The Second Reserve Hospital, under Captain (now Major) Keefer and a number of assistants, was originally intended as an overflow hospital for the First Reserve and for the reception of convalescent and less severe cases. As matters have turned out, however, this hospital has come to contain as severe cases as the First Reserve. The hospital ship *Relief*, lying in the harbor, also received acute surgical and medical cases.

As a convalescent hospital the institution on Corregidor Island has proved most valuable. The air there is cool and fresh, and patients sent there for convalescence have almost invariably done well. The wounded and sick from the various regiments on the fighting line and from stations outside Manila are brought in by railway or by wagon train to the Manila hospitals. At the First Reserve Hospital there is an excellent laboratory, which during our visit was under the charge of Lieutenant Strong. Through the courtesy of Colonel Woodhull and the hospital authorities this laboratory was placed at our disposal and all of the patients in the various hospitals were freely made accessible to investigation. Clinical studies were conducted in the wards, and in the morgue autopsies were made. Bacteriological examinations and studies of the blood, together with animal experiments, were made in the laboratory.

Of the civil hospitals in Manila may be mentioned San Juan de Dios, in the walled city; the Hospital de la Convalecencia and the Hospicio de San José, situated on an island in the Pasig river, and St. Lazarus, the asylum for lepers, in the ward of Santa Cruz. These civil hospitals were also made accessible to the work of the medical commission through the courtesy of Maj. Frank Bourns, of the provost marshal's department. Dr. Bourns, who had charge of the sanitation of Manila, deserves great praise for the energy he has displayed in reorganizing the sanitary regulations.

When the American army first went to Manila there was a large mortality among American soldiers from smallpox. Among the natives the disease was as common as, and not much more feared than, measles or scarlet fever. A large proportion of the faces one sees in the streets are pitted. Dr. Bourns immediately undertook the vaccination of the whole population of Manila. He had to use at first imported virus, but this being unsatisfactory on account of imperfect communications and the very hot climate an attempt was made to prepare a virus in the city. Cattle being unattainable, owing to the insurrection, he was forced to institute a *carabao* (water buffalo) vaccine farm. This proved to be very satisfactory, and the lymph produced is as effective as can be desired. Some eighteen Filipino physicians were engaged to vaccinate the native population, and the work was done so thoroughly that when we were in Manila smallpox had been almost entirely stamped out.

Beri Beri Among the Natives.—Dr. Flexner has spoken of the diseases which prevail among the American soldiers, and has referred also to some of the diseases from which the natives suffer. In the few moments which remain to me you may perhaps be most interested if I refer briefly to a large outbreak of beri beri which we had the opportunity of studying. Soon after our arrival in the islands Colonel Woodhull asked us to examine a number of Filipino prisoners confined in the old Spanish prison at Cavite. No less than 200 of the 1000 prisoners there developed the disease, and the various types could be studied with ease.

It is customary to divide cases of beri beri into three main types: (1) the oedematous form, (2) the paralytic form and (3) the mixed form. The photographs now being passed around illustrate very well these three types. In nearly all cases circulatory disturbances are marked early in the disease. There is palpitation of the heart and throbbing of the peripheral vessels. Physical examination shows enlargement of the heart, especially of the right side. This enlargement is due chiefly to dilatation, and is accompanied with very marked cardiac distress. The patients cry out as one goes through the ward, "Mi pecho, mi pecho." Digestive

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disturbances are also common at the beginning. There is anorexia, nausea and frequently vomiting. In the oedematous form the legs begin to swell and the edema gradually extends upward until in some cases the whole body is involved. In very severe instances there is hydroperitoneum, hydrothorax and hydropericardium. Many of the latter cases terminate fatally.

In the paralytic form without edema disturbances of locomotion come on gradually. The symptoms resemble closely those of peripheral neuritis, but differ somewhat from the latter disease as ordinarily met with. Many observers believe that no actual neuritis exists, but only a degenerative process. Pain is usually present in some part of the body. Pressure on the muscles of the calf usually causes excruciating pain. Sensation may or may not be considerably involved. The reflexes also vary with the distribution of the neural lesions. After a time muscular atrophy sets in, and these patients may become much emaciated

In the so-called mixed form edema and paralysis are associated. The clinical and epidemiological history of the disease speaks strongly in favor of an infectious nature. The symptoms are those of a severe intoxication.

Cultures made from the blood on blood-agar from a large number of cases of beri beri yielded negative results. Careful autopsies were conducted on those who died while we were in the islands. The pathological material collected was brought back to this country. It will be thoroughly studied and the results published later.

CASES ILLUSTRATING THE CONTAGIOUSNESS OF INHERITED SYPHILIS.

By Louis Kolipinski, M.D.,
Washington, D. C.

A RECENT article on "The Contagiousness of Inherited Syphilis," by Dr. J. Henry C. Simes (*Philadelphia Medical Journal*, October 21, 1899) calls in question the correctness of the belief in the great virulence of the inoculative power of the congenital form of the disease. Dr. Simes believes that recent writers "have taken their views from the opinions first published by Colles and later more widely diffused by Diday. It may be remarked that throughout the surmise has been to regard inherited syphilis as a contagious disease, but that the degree of contagion is anything like so great as the text-books would have one believe my investigations certainly do not verify. On the contrary, they decidedly tend to contradict the prevailing opinion that this complaint is to be classed among the violent contagious affections. My experience and investigation, however, force me to conclude, with some of the more recent writers, that while there is a certain degree of contagiousness connected with inherited syphilis, it has been greatly overestimated, and the fear of every case of inherited syphilis being a source of danger is a very great exaggeration." Dr. Simes quotes from "Some Aspects of Infantile Syphilis" by J. A. Coutts, in which this writer states that he personally has never known an instance in which syphilis was contracted from an infant with the inherited complaint with but one doubtful exception, and that inquiries made of many prominent physicians of London only more firmly confirmed his own experience.

Dr. Simes finds in the replies of thirty-five of the most extensive practitioners of Philadelphia, in answer as to their personal knowledge of instances showing this form of transmission of syphilis, thirty-one negatives, two doubtful and two affirmative.

Being a firm believer in the correctness of the doctrine of contagion as laid down in the text-books, the writer has not thought it inopportune to record his individual experiences on this interesting subject, the more so since the reputation of the author just quoted attaches much importance to the astonishing result of his investigations. Critically speaking, an American practitioner may find fault with the text-books, which, in discussing this subject, do with uniform constancy bring upon the scene the "healthy wet-nurse" and the danger to which she exposes herself in nursing an infected infant. As a matter of fact, in the writer's experience,

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gathered chiefly in the city in which he practices, wet-nurses are a rarity, so much so that danger to them may be excluded.

However, as to illustrative cases:

Case 1.—A young actor conveyed syphilis to his wife, who, a year later, gave birth to an infant which died in about two months of syphilitic pemphigus. During its illness it was cared for by its maternal grandmother, a widow over sixty years of age. Syphilitic snuffles and sore mouth made the taking of milk by the child difficult, and the grandmother, against warning and protest, often inserted her finger into the baby's mouth to remove the accumulated mucus and secretion and also with the object of quieting the child when it cried. Shortly afterwards the old lady presented the initial lesion of the disease, which was located on the inner dorsal border of the base of the terminal phalanx of the index finger of the right hand. The course of medication in her case was practiced for over a year, during which time she presented the ordinary symptoms of the secondary stage, but, in addition thereto, she suffered from syphititic deafness, and passed through two attacks of syphilitic iritis.

Case 2.—A young pregnant female w treated for a chancre situated on the outer border of the left labium majus. Later the symptoms of secondary syphilis appeared—fever, falling of the hair and eyebrows, roseola, and so on. Her pregnancy terminated with the birth of a syphilitic infant and the death of the mother later on of puerperal septicemia. The infant was taken under the care of the paternal grandmother. Three months later she presented an exquisite chancre situated on the palmer extremity of the right ring finger. Later on the symptoms of the second stage began to present themselves, for which she sought treatment. The infant being bottle-fed, and sometime in the care of its uncle, a lad of seventeen years, the latter was in the habit of opening the clogged rubber nipple of the nursing-bottle by sucking it. When he came under observation he was in the second stage of a neglected inherited syphilis, with rupia on face and neck. The initial lesion could not, of course, be positively located, but was undoubtedly extra-genital, as a minute examination of the external genitals disclosed no scar or induration. The infant died in its sixth month of syphilitic meningitis.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FRIDAY, NOVEMBER 3, 1899.

THE meeting was called to order by the president, Dr. Jas. M. Craighill, and the following-named gentlemen were elected to membership: Drs. J. W. Lazear, Thos. McCrae, Norman B. Gwyn, W. W. Requardt, G. C. Wegefarth, S. P. Latane, Henry M. Fitzhue, O. P. Penning, H. C. Hyde, H. W. Kennard, H. Hardcastle, C. M. McElfresh, J. A. Tompkins, Archibald Harrison and M. J. Cromwell.

Dr. S. T. Earle read a paper on "Initial Tuberculosis of the Rectum."

Dr. Earle referred to a report heretofore published by him in the MARYLAND MEDICAL JOURNAL of three cases of acute tubercular proctitis studied at autopsy at Bayview. He found in the rectum in these cases that we have, just as in the lung, to deal with an inflammation on which a specific character is impressed by the presence of the bacilli. In the ordinary tubercular ulceration of the rectum the bacilli can always be found by careful search in the abundant miliary tubercles, and in many cases in the area around these. In some places they were found in the infiltrated mucous membrane, where there was at yet no breaking down and where the small-cell infiltration was the only pathological condition. Where they were found in greatest abundance casseation and destruction of tissue accompanied them. Dr. Earle then gave the clinical history of two cases recently under his care.

Dr. W. S. Thayer: "Recent Work on the Etiology of Malaria."

Dr. Thayer: I want to say a few words about the work that has been done within the last two years concerning the manner of infection in malarial fever. Since the discovery of Laveran we have known that malaria was due to a parasite living

on the red corpuscles of the infected individual, and we know how, in a general way, the organism ran its cycle of existence in the body. It begins as a small, clear hyaline body, which may or may not appear actively ameboid as you look at it. It actively accumulates pigment until, at the end of its cycle, it more or less fills the corpuscle, is represented by a round body, the pigment gathers in the middle, the body breaks up into segments, and after awhile these spring apart as separate round bodies, each to attack a red corpuscle and to begin once more a cycle of existence. We have traced out the cycle of three different varieties of the parasite, and we are able to make a diagnosis of the parasite usually from the type of fever present, because the type of fever for each variety is characteristic. Up until recently, however, we have had no definite idea as to how malaria was acquired or as to how these parasites lived outside of the human body. That has been a matter of much speculation. The theories concerning its acquirement were that it was conveyed through the air, through the water, etc.—theories which are familiar to you all—but no positive proof has ever been advanced in favor of either of them, and there is a great deal of negative evidence against the theory that malaria can be acquired through the water, as men have been allowed to drink water for a long time coming from the most virulent districts known, to drink the fresh blood of malarial patients and to drink the dew gathered in malarial districts without acquiring the disease, and while these experiments do not prove the case, they at least afford suggestive evidence that the gastro-intestinal tract is not the one through which the disease is acquired. A number of experiments have been made in different countries of inoculation hypodermically or intravenously, and it has been proven that one always transfers the same type of parasite and produces the same type of fever as had the infected individual from whom the blood was taken.

In view of this fact, and particularly in view of the fact that several other diseases due to parasites that live in the blood have been proven to be inoculated through the bites of insects, there has been a tendency during the last few years for many observers to return to the old view that malaria may be so inoculated. Particularly interesting in this line were the discoveries of Dr. Theobald Smith of the Bureau of Animal Industry while working on Texas cattle fever. This is the disease which exists south of a certain zone in this country to some extent. Many of the cattle within that zone are immune, but if Northern cattle be brought down they are almost always taken sick with a high fever, hemoglobinuria, and may even die. If these Southern cattle are brought into Northern regions, wherever the herd is driven there will be cases of fever all along the driveway.

Dr. Smith discovered that this disease was due to a parasite in the blood of animals very similar to the parasite of malaria in men, and by a most admirable set of observations he determined the fact that the fever was transferred from animal to animal by cattle ticks, and, furthermore, if he took these ticks, cultivated them and put the second generation upon fresh animals the disease could still be transferred. His observations, published in 1895, have been entirely confirmed and practically not extended by anyone who has entered into the subject.

Recently, Bruce, working in Africa, has shown that another common disease among animals there is transferred by the bite of a fly, and so observers are coming gradually around to the idea that the mosquito may possibly play a prominent part in the transference of malaria.

The literature bearing upon this subject has been recently summed up in an article by Nuttall in the reports of the Johns Hopkins Hospital.

Manson of London discovered some years ago that the filaria hominis has a cycle of existence outside of the human body, that it enters into the muscles of the mosquito, remains there dormant, and when the mosquito dies, usually by drowning, is thrown into the water, and if a human being drinks that water he may become infected. He was a strong upholder of the idea that the mosquito might play a part in the transmission of

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malaria, but in what form the parasite existed in the mosquito was quite unknown. The ordinary cycle of the malarial parasite is as I have shown, and it continues in the human being indefinitely. But not all full-grown forms of the parasite segment. In every variety there are bodies, full-grown forms, which remain without sporulating, and these may do one of several things—sometimes the full-grown body breaks up into a number of irregular bodies and finally disappears, a process quite clearly one of degeneration; sometimes it becomes vaculated, but at other times a very interesting change takes place: from one of these bodies there will break forth a number of thread-like structures, with a little swelling at one extremity; they have very much the appearance of spermatozoa and have an extremely active motion. They break apart and fly around, thrashing about the red corpuscles as they pass by. Ever since the discovery of the parasite the significance of these flagellate bodies has been the subject of dispute. Nuttall felt that they must play some important part in the life of the parasite, but what their end might be he scarcely ventured an opinion. Italian observers were inclined to believe them a part of degenerative process, and thought their motions illustrated, as it were, the agony of the dying organisms. Dr. Dock of this country suggested years ago that this might be the connecting point between the life of the organism inside and outside the human body. Until last summer, though, no important step was taken to determine their real importance.

About that time Dr. McCallum, who was studying the parasite infecting the birds of Canada, a parasite that resembled that of malaria, but which are easier to study, because they are larger, and one can often see several in one field of the microscope at a time, He discovered that when one of these flagellae broke loose it almost always sought out another full-grown form of the parasite which had not undergone segmentation, and attacking this form, penetrated it just as the spermatozoa penetrates the ovum. After about twenty or thirty minutes an interesting change was observed to take place; the parasite, which had been a simple round body before, now became sphere-shaped, the pigment gathered in the end, and it began a steady forward movement under the microscope. As it moved the end of the sphere seemed so sharp that it actually destroyed the red corpuscles in its way. This process was observed again and again by McCallum, and has been confirmed by Koch and others recently. It immediately suggested to McCallum that it was a process of true fertilization, and from a knowledge of this parasite, which is similar to that of malaria, he felt that he was justified in assuming that the malarial parasite had one cycle of existence, its non-sexual form, in the body of its human host; that other forms developed to go through some process such as described here and which are capable of preserving the life of the parasite in some other medium.

At the same time that Dr. McCallum was carrying on this work an Englishman was making some interesting observations. Stimulated by the work of Manson, Ross, in India, began to experiment by allowing mosquitoes to bite individuals affected with malaria, and then to study the blood of the mosquito's stomach. He found that these flagellae forms developed in the stomach of the mosquito just as they do on the microscope slide, but he found, further, some pigment deep in the wall of the stomach, which was clearly malarial pigment, and which contained some curious round bodies. About this time the malarial season came to an end and he was compelled to continue his work with birds. He allowed the mosquitoes to feed on infected birds, and a few days after he would find a few pigmented bodies in the walls of the mosquito's stomach. These increased in size, and at the end of about seven days, when they had grown to about ten times the size of a red-blood corpuscle, they protruded from the muscular coat of the stomach, and within their bodies there appeared numerous irregular, rounded, ray-like striae. Just what these striae were he did not know until one day, by pressing upon the slide, he ruptured one of these bodies, and there escaped great numbers of delicate thread-like structures, which, when stained, showed a little chromatin in the center. He was con-

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vinced that they developed from malarial parasites. He also found that within seven or eight days after the feeding the salivary gland, which is the poison gland of the mosquito, was filled with these little delicate filamentous bodies that had developed within the stomach wall, and he immediately made the experiment of allowing the mosquito that had been fed ten days before on infected birds, and in whose salivary glands these bodies must be, to bite non-infected birds, and in 80 per cent. of the attempts the mosquito transferred the infection to these birds. He could cause in this way a bird's malarial infection that was rather more severe than those with which he had met spontaneously. Here, then, was the complete extra-corporeal cycle of development of a parasite very closely similar to that of malaria, and here was reasonably good proof that the mosquito may transfer the disease from one bird to another, or, in other words, that the mosquito was the intermediary host. These experiments have been confirmed by Daniels of India and later by Koch.

This work had only been done with birds up to last fall, and it is interesting to note now how, with our wonderful methods of communication, all the world may work simultaneously along the same line. At the same time that Ross was working in India, Grassi in Italy had started in a different way to study the human case. He began by making an elaborate study of the mosquitoes in Italy to see what mosquitoes occurred in malarious regions, and out of a large number of varieties he narrowed down to three that were practically always associated with malaria. One of these varieties, the anopheles claviger, occurred invariably wherever malaria existed, and was always prevailing at the time of the year that malaria existed. At the same time two other investigators had gone to work in a different way. They wanted to get some individual who was willing to be bitten by mosquitoes from malarious neighborhoods, and having collected mosquitoes from the swampy regions, one or two individuals agreed to sleep in the room where these mosquitoes were let loose. Two of them did not enjoy it, and soon gave up, but the third did not seem to mind it, and allowed himself to be bitten a great deal. In two weeks he developed the characteristic estivo-autumnal type of malaria. This man had lived for some years in a place where a spontaneous case of malaria was never known, and he had never had the disease. In studying the several varieties of the mosquitoes it was found that the ordinary house mosquito of Italy, the culex pipiens, was incapable of carrying the disease. When Ross' work appeared the way was cleared for the Italian observers, and they went to work with a will. They soon showed that whenever mosquitoes of the genus anopheles were fed upon patients whose blood contained the parasite capable of flagellation there always developed in the stomach wall of the mosquito bodies closely resembling the parasites discovered by Ross in the bird's blood. In the case of tertian and estivo-autumnal fever they followed out every step in the cycle of existence in the mosquito's stomach, the bodies being almost exactly like the bodies seen by Ross. They have conducted their work very carefully, using mosquitoes which had been raised from the egg, and these mosquitoes can do no harm beyond their biting, but if they are allowed to feed upon persons who have the disease, after the period of eight or ten days the bite of a single one of them is in most instances capable of producing the disease. I had the pleasure of looking over their specimens in Rome about a month ago and of verifying their results. There seems to be no loophole in their work.

Last summer we began to study the mosquitoes about this neighborhood. Dr. Lazear and I made various trips to the marshes about Baltimore, and we collected the different types of the genus culex. In a number of experiments we were unable to cultivate the organisms in their stomachs. In the latter part of August I went to Sparrow's Point, where Dr. Eldred took me to the houses of a number of patients suffering with malaria, and I found that the type of mosquito there differed from the type we have in Baltimore, that most of them belonged to the genus anopheles, and, bringing some of them home, we found in their stomach walls those characteristic bodies.

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In the month of September Mr. Wooley fed some mosquitoes of this type upon the blood of patients suffering with tertian malaria, when the full-grown forms were in the blood, and he obtained the characteristic bodies in the stomachs of the mosquitoes killed four or five days afterwards.

It is interesting to note the presence of this particular type of mosquito in the malarial regions and to find that our ordinary house mosquito here is the culex, which is perfectly harmless. Last week I was down in Virginia in a town where they have pernicious malaria. On going to the infected region of the town I found in the houses no mosquitoes except the anopheles.

Now, what relations do mosquitoes bear to malarial fever? After years of speculation we have at last found out one method by which malaria is naturally spread; that is about all we can say at this time. There are yet numerous questions to be answered. Whether it is the only way or the most important way, or whether the mosquqito can only get its parasites from the human being, or is capable of gathering them from water or other places outside the human body, we do not know. The observations in Italy tend, however, to suggest that mosquitoes are the most important agent in the spread of malaria. One man has watched all the cases in a town as they developed from the month of January on. He found the first cases pretty clearly relapses, and their number gradually diminishes until about the month of June, when the anopheles begins to appear in considerable numbers, and he has good reason to believe that these anopheles, biting patients suffering with relapses, begin to transfer the disease to other individuals, and after two or three weeks the first fresh cases of malaria come on. As the mosquitoes multiply and reach their greatest number about the month of August, the number of cases of malaria increases and the acme of the disease develops just at the time when the mosquitoes are most numerous. Now, that is exactly what happens here. From classifying a large number of cases we find a few running through March, April and May, a falling off in June, and then in July begins the epidemic, which reaches its climax in August and September, and gradually falls off again. With us mosquitoes are most numerous in the latter part of August, and we have lately been tending to the view that the great majority of spring cases here are relapses. That is not a new idea by any means, and I remember hearing Dr. Atkinson say some years ago that it was his experience.

The most important bearing this discovery has is that we may be able to adopt prophylactic measures, inasmuch as this type of the mosquito seems to breed within curiously limited regions, and, discovering its breeding places, we ought to be able to destroy them. Whilst I am not an entomologist, I may say a word about the differences between mosquitoes. Our ordinary house mosquito has a long single proboscis, and if you watch the way it sets on the wall you will see that its body lies parallel with the wall and his hind legs are tucked up in the back, as if he was trying to put his hands under his coat-tails. Now, the anopheles shows this great difference: the mouth parts and the proboscis are of equal lengths, so that he looks as if he had three proboscises, and as he sits on the wall he does not cock his hind legs up over his back, his body being at almost right angles to the wall, or if he sits on the ceiling he looks as if he were hanging on by his proboscis. There is a difference also in the wings, the anopheles being marked by little spots, while those of the culex are clear.

Dr. Hermann: I would like to ask Dr. Thayer to tell us why the parasite of malaria is called a hematozon. The other parasites of infective diseases are classed with the fauna, and this one, I believe, with the flora; why the distinction?

Dr. Craighill: While there have been no statistics kept at the outdoor department of the University of Maryland, it seems to me the suggestion concerning the greater number of cases of malaria coming in in certain months is in accord with our work. The gentlemen who have been doing our microscopical work have found this year more cases of estivo-autumnal form than usual, and I would like to ask if Dr. Thayer has found that to be the case this year.

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Dr. Thayer: In answer to Dr. Hermann I would say that the malarial parasite belongs to a type of organisms closely similar to the coccidia which are always classed as animal parasites. When you get down to the point of deciding which is an animal and which a vegetable parasite it takes a better bacteriologist than I am to settle the question.

In regard to your question, Mr. President, I cannot say, because I have been away for so long, but I know that at the present moment we have several cases of that type in the hospital.

Adjourned.

H. O. REIK, M.D., Secretary,
5 W. Preston street.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT WESTMINSTER NOVEMBER 14, 1899.

Dr. Randolph Winslow then gave an "Exhibition of a Patient."

This boy, who was referred to me by my friend, Dr. Kefauver of Thurmont, was afflicted in February or March with some trouble of the thigh. It proved to be an osteo-sarcoma of the femur, and he suffered with such symptoms as are usual in that condition—pain in the limb, gradual increase in its size and difficulty in walking—and as these symptoms were increasing he was sent to the University Hospital for operation. An amputation at the hip joint was performed in accordance with the Wyeth method, and there was nothing of special note about it, except that it has been very successful, and as the boy lives near here I thought it might be of interest to have him come in and let you examine the stump. He suffered considerable pain for about twenty-four hours after the operation, but within ten days he was sitting up, and as soon as he could get crutches was walking around.

Dr. E. F. Cordell then read a paper entitled "The Medical and Chirurgical Faculty's Contribution to the Welfare of the State" (to be published later).

Dr. J. McPherson Scott: I cannot refrain from expressing my appreciation of this effort on the part of Dr. Cordell and also of the long-continued work he has done for this Faculty in preparing the biography of its members, and I feel that we cannot pass this by without giving some expression to our appreciation of his work. I beg, therefore, to offer a resolution of thanks to Dr. Cordell for the great interest he has shown in the history of the Faculty and for the great amount of labor he has expended in the effort to prepare and preserve such historical records.

The resolution was seconded by Dr. Osler and adopted by unanimous vote.

Dr. Wm. Osler then read a paper on "Home Treatment for Consumption" (to be published later).

Dr. C. S. Millet, Brockton, Mass., read a paper on "The Open-Air Treatment of Consumption at Home" (to be published later).

Dr. Millet exhibited a number of photographs showing arrangements for sleeping out of doors. He suggested the building of platforms alongside of or between buildings and on a level with the second story, or even upon the roofs of porches or the lower back buildings. Upon such a platform the bed or cot may be placed without any roof covering, and the patient depend for shelter simply on sufficient quantity of bedclothing. A detailed report of the improvement in five cases treated in this way was given, and Dr. Millet insists that there is no danger from sleeping in the open air, as the fear of drafts, etc., is a bugaboo.

Dr. W. B. Platt: On one occasion I slept for two months in the open air in the Yellowstone region without any tent or covering whatever. Usually there was a very heavy frost, and during the month of August the temperature would sometimes reach ten or twelve degrees below freezing in the morning. We found the main point was to have plenty of bedding under rather than over us. I was one of a party of twenty-seven out with the United States Geological Survey, and I do not remember that any member of the party caught cold or suffered in any way. I was the youngest member of the party, eighteen years old, and the oldest was a man of fifty-five. One man had been a hard drinker before he started out, but the exposure did not hurt even him.

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Dr. Joseph E. Gichner: I wish to say that these arrangements for open-air treatment of tuberculosis are now recognized and appreciated by everyone who has to deal extensively with this disease, and that it does very well in many cases. It is applicable wherever we can get the consent of the family, but about 90 per cent. of such patients in the city have not their own home and can scarcely afford even this treatment. They get their physician from the dispensary and cannot afford even to stop work during the time of treatment. I should like to agitate the establishment of a State sanitarium where patients of that kind might be sent, if only for a time, in order that they might be taught to take care of themselves. I think that such a sanitarium is even more important than the establishment of other asylums for the insane. At the proper time I propose to ask this Faculty to endorse a bill before the legislature to secure the establishment of such a sanitarium.

Dr. J. D. Blake: A very striking point in these two papers, it seems to me, is that both authors thoroughly agree on the value of the open-air treatment. I was somewhat surprised, however, to hear Dr. Osler claim the advantage of open-air treatment with stuffing of the patient and Dr. Millet of open air with a restricted diet.

Dr. Osler: Oh, well, his were New England patients.

Dr. Millet: Dr. Blake misunderstood me. The two patients I referred to as being upon restricted diet were neurasthenics.

Dr. H. F. Cassidy: I am sure we are all a unit with Dr. Osler concerning the value of this method of treating tuberculosis. As he says, 95 per cent., however, are too poor to give up their occupations and seek treatment in the sanitarium. Medicinal treatment is of little value, and we have only to glance back to see how futile drugs have been in the treatment of this disease. We will all agree as to the difficulty of getting these patients to accept the treatment Dr. Osler suggests, but it is our duty to teach them its importance. We are too apt to treat such cases hastily, take the temperature and pulse, and perhaps prescribe the diet, but we should be just as methodical about taking the temperature of the room, looking after its ventilation and carefully laying down the law as to the diet. In that way we may be able to teach these patients to see that such treatment is the proper one.

Dr. J. C. Hemmeter: In his work on the treatment of chronic febrile disease Hippocrates does not speak of tuberculosis, but he does speak of chronic wasting diseases, and his treatment is plenty of fresh air and food. An important point in the treatment of tuberculous patients is that they should have an appetite. I should be loath to cram a meal down a man who has vomited. The suggestion is very near that that man has a gastritis, otherwise he would not vomit. Stricker has shown that foods that are pushed down are not digested as well as the same food swallowed, and because the stomach tube excluded the saliva they concluded that the saliva must have a very good digestive effect upon the food, but that error has been shown up in the proof that the digestive power of the juices depends somewhat on psychical influences. When a man is very hungry he secretes a gastric juice which is at first very acid, much more acid than that which follows, and when a man is crammed through a tube the process is not a very pleasant one, and through psychic influences the juice is deficient in acid.

Dr. Jas. H. Billingslea read a paper on "Bladder Troubles in Old Men and the Treatment" (to be published later).

Dr. Chas. R. Foutz related "An Interesting Case of Cystitis."

NEURALGIA AND OSMIC ACID.—Dr. William H. Bennett reports in the Lancet the successful treatment of severe forms of trigeminus neuralgia by the injection of osmic acid. He exposed the nerve and injected a 1.5 per cent. solution of osmic acid directly into the nerve. In all his cases the cure was immediate and permanent, but he does not say how much of the solution he uses.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, NOVEMBER 25, 1899.

The Lunacy Laws and the Physician.

THE lunacy laws of Maryland are nugatory. They present contradictions and anomalous conditions favorable for fraud, injustice and cruelty. They are opitulates for the prostitution of justice and the mangling of equity by unscrupulous lawyers. The apathy of the medical men of the State, the neglect to give instruction to the medical student, a duty the faculties should long ago have recognized, and the disinclination of the physician to search out his own interests is the cause of such a serious condition as now exists.

Dr. Preston's report and the amendments proposed by Drs. Preston and Brush should be read and understood by every medical man in the State. By so doing he will be aiding the citizen, helping the unfortunate, assisting the needy and promoting his own interest, as well as gaining the hearty co-operation of every honest and respectable man. Professional political parasites must be made to understand that their methods will no longer be tolerated. It is necessary that the amendments be placed before the next legislature, and every physician should give the movement his best support.

A few years ago these amendments failed to get proper hearing in the legislature, presumably by methods not ethical. At the present time the profession should not allow itself to be morally anesthetized by any dissimulated expedient of apologetic subterfuge.

* * *

The Life Insurance Examiner.

DR. BRANDETH SYMONDS makes a plea in the *Medical Examiner* for undergraduate instruction in making life insurance examinations. There are probably about 200,000 examiners' positions in the United States and Canada, and these are occupied by about 50,000 physicians. The regular life insurance companies distribute to these men about $5,000,000 annually, and the money is in almost every case certain. Why then should not the examiners be trained for their work? They too often are not. They are either young men who are too careful and drive away cases on account of their painstaking scrutiny of the whole body or careless men who let cases slip through in order to keep in with the agent.

As a rule the examiner is appointed more on account of his influence with the agent than for his especial ability.

Dr. Symonds is authority for the statement that of all the medical schools in the United States and Canada but two give undergraduate instruction in life insurance examination. These are the Medical College of Virginia and the University of Minnesota at St. Paul. There may be a few others that give some kind of instruction in this branch, but these two are the only schools that pretend to give and do actually give good courses. Such a course, says Dr. Symonds, should cover at least the following topics:

1. Some instruction in vital statistics and the fundamentals of life insurance; 2. The relations of the examiner to the company and the applicant; 3. The facts, concerning each disease, which are of importance from a life insurance point of view; 4. Habits, occupation and environment; 5. The family record and hereditary; 6. The physical examination, particularly with reference to the distinction between essentials and non-essentials; 7. The relation of the examiner to the agent; 8. Frauds and fraudulent practices.

The careless appointment of poor men has too often put a slur on the examiner, and some agents have little respect for the examiner and his work.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 18, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	16
Phthisis Pulmonalis	2	13
Measles	4	..
Whooping Cough	7	..
Pseudo-Membranous Croup and Diphtheria.	84	7
Mumps	..	..
Scarlet Fever	3	..
Varioloid	..	..
Varicella	7	..
Typhoid Fever	13	8

San Francisco is to have a new hospital.

Dr. James Campbell of Union, W. Va., is dead.

An epileptic colony will soon be started in Virginia.

The *Pacific Medical Journal* has a department of dentistry.

Dr. J. H. Branham has removed his offices and residence to 2200 Eutaw Place.

The Maryland Public Health Association held its third semi-annual meeting during the past week.

The Baltimore County Medical Association held its last regular meeting at the Green Spring Valley Hunt Club.

The annual collections for the hospitals of Baltimore will be taken up in the churches and elsewhere today and Sunday.

A ship has brought some cases of bubonic plague into New York. It is not thought the disease will get beyond quarantine.

Dr. J. B. Spicer of Anderson, W. Va., died recently at his residence in that place of pneumonia. He was sixty years of age and a native of Hanover county.

Dr. J. A. Melvin has removed his office and residence to No. 1303 W. North avenue, near Druid Hill avenue; telephone 7338; office hours, until 9 A. M., 2 to 3 P. M., 6 to 8 P. M.

Dr. Dabney has succeeded Dr. Guy L. Hunner in the gynecological department of the Johns Hopkins Hospital, Dr. Hunner having been granted a four months' leave of absence to study in Europe.

Dr. Isaac J. Martin of Ellicott City died last week, aged forty. Dr. Martin was a graduate of the College of Physicians, and has of late become known as the man to whom the street-car signs advise us to tell our troubles.

Drs. George W. Dobbbin and J. C. Bloodgood have taken offices at 923 North Charles street, in the house formerly ocupied by Dr. J. M. T. Finney. Dr. Dobbin was for five years the resident obstetrician at the Johns Hopkins Hospital, and Dr. Bloodgood was in the surgical department in the same hospital.

Dr. Frank West, a well-known and very popular physician of Baltimore, died last weeek, after an illness of several years. Dr. West was born in Prince George's county in 1851, and received his medical degree at the University of Maryland in 1879. He was resident physician at the University Hospital for several years. He later entered on private practice, but soon ill health compelled him to travel. He was a member of all the prominent medical societies.

There was a meeting of the Medical Association of Prince George's County at Upper Marlboro last Monday. Several interesting papers were read, and after a short discussion they adjourned to meet in Washington, D. C. Among the physicians present were Dr. Chas. A. Wells, president; Dr. G. French Owens, secretary, and Dr. L. A. Griffith, treasurer; Dr. Chas. A. Fox, Dr. T. O. W. Eversfield, Dr. Marun D. Humes, Dr. William H. Gibbons, Dr. Nelson A. Ryan, Dr. John L. Waring and Dr. Reverdy Sasscer.

In "Le Mal Necessaire," a French novel, says an exchange, the life of a talented, successful, unscrupulous, young Paris surgeon is sketched with remarkable technical fidelity. To supply his insatiable need for money, the young surgeon operates right and left, regardless of everything save the purse of his patients. He takes advantage of a young woman in a cataleptic condition, and when consulted by her parents a few months later, diagnoses a tumor and operates. The chief interest in the story is the phychological study of his assistant, an honorable man, who learns the circumstances.

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Washington Notes.

Dr. James Bruner of Washington died last week.

Dr. D. Webster Prentiss of Washington, D. C., is dead. Dr. Prentiss was born in 1843, and studied first at the Columbian University and later took his medical degree at the University of Pennsylvania in 1864.

Dr. Daniel McCarthy has resigned his position of resident physician of the Georgetown Hospital to accept a position in Providence Hospital. Dr. Arthur M. McNamee succeeds Dr. McCarthy at Georgetown Hospital.

Book Reviews.

AN AMERICAN TEXT-BOOK OF DISEASES OF THE EYE, EAR, NOSE AND THROAT. Edited by G. E. de Schweinitz, A.M., M.D., and B. Alex. Randall, M.A., M.D., Ph.D. Philadelphia: W. B. Saunders. Price, cloth, $7; sheep, $8.

We owe an apology to the editors and publishers of this excellent work for the tardiness of our notice. The reviewer alone is responsible, and the delay on his part was unavoidable.

There are sixty contributors to the book. Some of the articles show the effect of condensation. They read more like a compend than a treatise. Others are examples of clear, concise explanations. Notable among the latter is Dr. Piersol's article upon the Embryology, Anatomy and Histology of the Eye. The preface mentions several "novel features not usualy found in text-books," the most important being articles upon Color Blindness in Railroad Service, Roentgen Rays in Ophthalmic Practice, Surgical Operations Upon Animals' Eyes, and the Most Important Micro-Organisms Having Etiological Relationship to Ocular Disorders.

Insistence is made everywhere upon the importance of the rolê of bacteria in the causation of eye diseases and upon antisepsis in operations.

Of 1213 pages but 187 are given to the ear, yet important parts are covered. One cannot help feeling disapppointment in reading the interesting contributions of Drs. Blake, Knapp and Green that they did not go more fully into their subjects. This is specially true of Dr. Green's description of the various operative procedures in mastoiditis. The only fault to be found with it is that there is not enough. Dr. Dench maintains his adherence to exploratory incisions in chronic aural catarrh, while admitting that the concensus of opinion seems against him. On page 670, in speaking of Weber's test with the tuning fork on the median line of the head or face, Dr. Sheppard says: "If the hearing is impaired in one ear only, or unequally in the two ears, and a vibrating fork on the vertex is heard worse in the worse-hearing ear, then the trouble is in the perceptive apparatus." According to Politzer and Dench this statement is not absolutely correct. The former in his last edition regards hearing of the fork by the pooorer ear as diagnostic of disease in the conducting apparatus, but says that predominance of sound in the better-hearing or normal ear "has litttle value." Dench makes such inference as Dr. Sheppard teaches dependent upon the better ear being normal. See textbooks of these authors.

There are a great many new plates. Illustrations are liberal and instructive. Dr. Würdemann's plates in his article on Diseases of the Drumhead are beautiful.

On the whole, the book is an admirable expenent of American thought and practice in the specialties of which it treats.

PROGRESSIVE MEDICINE. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Volume III. September, 1899. Diseases of the Thorax and Its Viscera, including the Heart, Lungs and Blood-Vessels; Diseases of the Skin; Diseases of the Nervous System; Obstetrics. Pp. 440. New York and Philadelphia: Lea Bros. & Co. 1899.

This volume contains articles on Diseases of the Thorax and Its Viscera, including the Heart, Lungs and Blood-Vessels; Diseases of the Skin, Diseases of the Nervous System, and Obstetrics. These articles are reviews of the literature of the past year, with the opinions of the writers put in here and there. "Progressive Medicine" is a useful addition to a library and contains much useful information not found elsewhere.

REPRINTS, ETC., RECEIVED.

Kerichrondritis and Necrosis of the Arytenoid Cartilage. By W. Scheppegrell, M.D. Reprint from the *Annals of Otology, Rhinology and Laryngology.*

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Original Articles.

THE NECESSITY OF POST-OPERATIVE TREATMENT OF CLUB-FOOT.

By R. Tunstall Taylor, B.A., M.D.,
Baltimore,
Chief Surgeon to the Hospital for the Relief of Crippled and Deformed Children: First Vice-President American Orthopedic Association, &c.

READ AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, APRIL, 1898.

THE title of this paper might be "Relapsed Club-foot." Practically all cases of true congenital talipes equino-varus relapse into just as bad a position, and more often into a worse position, than they were before operation, which are *not mechanically* fixed in an *overcorrected position after operation* so that they can be walked on.

Each of the three cases which I present here today has such a history. They had tenotomies done in infancy, and had worn plaster of Paris casts for a month or more, and that ended that treatment. Within six months or a year, according to their parents, afterwards, they were worse than before, and when they presented themselves for treatment at the Hospital for Crippled and Deformed Children the deformity was so severe that simple tenotomies would not correct, and all of the structures on the inner aspect of the foot had to be divided down to the medio-tarsal joint. What is known as Phelps' operation was done in each case. This consists of the following steps: First, division of the tendo achillis (which in the present cases was bound down by adhesions of previous tenotomies), then the resistant skin is incised downward from a point just anterior to the internal malleolus to one-third of the way across the plantar aspect of the foot through the plantar fascia; the tendons of the tibialis anticus and posticus, the abductor pollicis, the anterior bundles of the deltoid ligament are then divided and as many of the internal bundles of the superior astragulo-scaphoid and long calcaneo-cuboid ligaments as is necessary to easily manually *overcorrect* the deformity.

In none of the five corrected feet before you was any destructive osteotomy of the tarsus done, and such operations as the removal of the astragulus (thus maiming the function of the ankle and medio-tarsal joints) cannot be too highly condemned, when in practically all cases division of the soft parts will correct the deformity.

After the correction of the adduction, extension and inward and upward rotation of the foot, the open wounds are covered with silver foil, preferably to the rubber tissue suggested by Phelps, abundant gauze handkerchiefs are placed over the larger vessels and the foot is held in overcorrection for a month or six weeks, when blood-clot organization has taken place in the previous gaping wound, which is found dry and healed if proper aseptic technique is followed at the time of the operation.

After the removal of the plaster cast what is known as the Taylor ambulatory club-foot shoe is applied, a modification of which I have used in these cases, the principle of which is to keep the foot in a corrected or overcorrected position, and it is worn inside of a leather walking shoe so constructed as to throw the body weight on the inner side of the foot.

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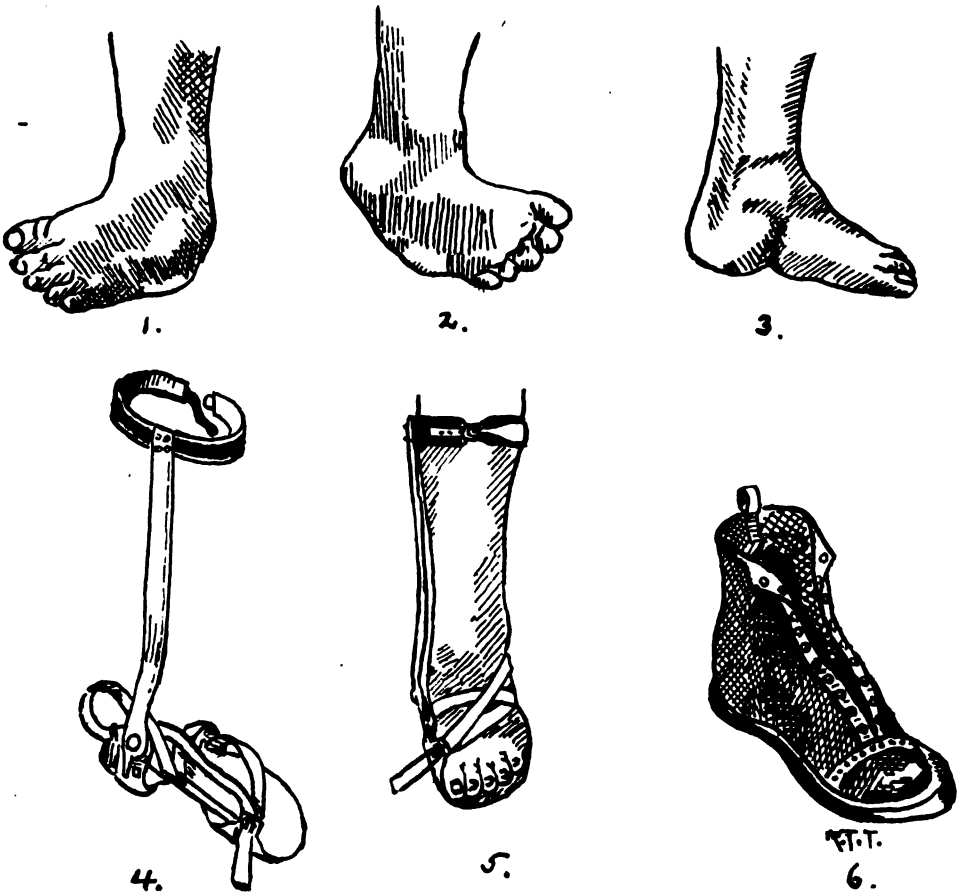
The brace consists, as you see, of a steel sole-plate with a stop-joint at the ankle to prevent a recurrence of the equinus and an upright extending to a calf band. The foot is strapped to the sole-plate with, as Bradford suggested, three fixed points of pressure to antagonize the recurrence of the deformity of varus and rotation, which is the tendency in all of these cases, until the ranged as to join these points. The sole-plate is tilted at an angle with the upright in order to throw the weight of the body on the inner side of the foot to overcome the varus and the rotation of the long axis of the os calcis.

These braces are worn until all tendency to relapse is passed. In a certain number of cases a tendency to toe-in per-



1. Dorsal Aspect of Talipes Equino-Varus. 2. Plantar Aspect of Talipes Equino-Varus. 3. Showing Scar of Phelp's Operation and Corrected Foot. 4. Ambulatory Taylor Club-Foot Brace. 5. Brace Applied. 6. Proper Shoe for Corrected Left Club-Foot.

formation of new articular facets, this being aided by walking on the feet held in a proper position. The antagonistic points of pressure are the metatarso-phalangeal articulation of the great toe, the inner side of the heel and a point just anterior to the calcaneo-cuboid articulation of the outer side of the foot. The strap attached to the sole-plate is so arsists, and this can be overcome by carrying the upright up to a waist-band.

This treatment applies to children who have walked for some time on distorted feet.

In infancy the treatment depends on the resistance met with. After birth a club-foot may be manipulated daily into a normal position and held there by a skill-

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fully applied roller bandage. Later manual stretching and adhesive strapping, to take up the gain made, or a plaster cast may be necessary. This treatment is continued and supplemented later by a Taylor club-foot shoe if necessary, until the child walks on a normal foot. In still more resistant forms tenotomy may be necessary, with careful attention to the after-treatment as previously outlined.

In some infants with resistant contraction of the internal structures, still not sufficiently resistant to require cutting, it is difficult to apply a successful plaster of Paris bandage to accomplish the aims of treatment on account of their small size, and I have here an apparatus to meet the requirements of such a case. This apparatus somewhat resembles the Taylor club-foot shoe, except it has no ankle-joint nor strap on the footpiece, being intended as a retentive and not an ambulatory brace. After padding its sole-plate with piano felt the foot is bound down to it by a roller bandage and made into a fixed dressing by painting it with silicate of potash solution.

In conclusion, I wish to emphasize the following points:

1. Any surgeon who is conversant with the anatomy of the foot and the pathology of congenital talipes equino-varus can correct this deformity, but the work of the best surgeons will be worse than useless if correction is not maintained by a suitable ambulatory brace for months afterwards.

2. To prevent the recurrence of varus three points of pressure must be on the brace, viz., at the metatarso-phalangeal articulation of the great toe, at the inner side of the heel and at the calcaneo-cuboid articulation on the outer side of the foot.

3. There must be a stop-joint at the ankle to prevent a recurrence of the equinus.

4. To prevent supination of the foot the inner side of the brace and shoe must be lower than the outer.

5. Any mutilating operations to the bony framework of the foot, such as the removal of the astragulus, cannot be too highly condemned as contrary to the best interests of the patient.

Historical Department.

THE MEDICAL AND CHIRURGICAL FACULTY'S CONTRIBUTION TO THE WELFARE OF THE STATE.

By Eugene F. Cordell, M.D.,

Baltimore.

READ AT THE SEMI-ANNUAL MEETING, HELD AT WESTMINSTER, MD., NOVEMBER 14, 1899.

THE history of the Medical and Chirurgical Faculty is essentially the history of the medical profession of Maryland during the last hundred years. As the only general organization of physicians in the State, it has always stood as their representative, and hence upon it alone have devolved all the responsibilities connected with that *rôle*, a *rôle* which has been imposed upon it partly by its own act and partly by the force of circumstances. The chairman of our committee on programme has thought that it would prove interesting if, in the light of recent investigations, I should review before this assemblage the public career of this society and point out the services it has rendered to the State during the century of its existence that has just closed. In compliance with his request the following paper has been prepared.

Prior to the act creating this society in 1799, quacks swarmed everywhere like the locusts in Egypt and derived rich profits from their ignorant pretensions. "Every pitiful Fellow," says an old newspaper writer, "assumes to himself with Arrogance the appellation of Doctor." No examination or license was required, and the lives and health of the people were at the mercy of anyone who chose to set himself up for physician, apothecary or chirurgeon. The first physician in Frederick City was an irregular—one Jacob Foucht. The papers of the last quarter of the eighteenth century abound in medical advertisements full of the most unblushing self-laudation and audacious claims of skill and success. Advertisements offering treatment "at much below the usual rates" were not uncommon. Dr. Charles F. Wiesenthal's letters to his son Andrew,

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then a student of medicine in London, throw much light upon this aspect of practice in Baltimore Town. In December, 1787, he expresses his satisfaction at Andrew's predilection for surgery, "in which the quack must stand aside, whereas in physic in this part of the world the most arrant quack, if he has assurance enough, will often claim the preference and obtain it before the man of real and true abilities." He refers to one Dr. Jericho, evidently an empiric, who had undertaken, but without success, to extract cataract. Nor were offenses limited to irregulars; the contamination spread through all ranks of the profession. Disputes between medical men were frequent, and were generally ventilated in the public press. Charges of malpractice were not uncommon. From the close of the Revolution to the granting of our charter was especially a period of unbridled license, and Dr. Wiesenthal often alludes to the moral perversity of his times in terms that are truly pathetic. In one of his letters he refers to a meeting appointed to be held at his house on North Gay street for the discussion of measures of reform to which only one physician came, and he mentions a prominent physician of the town, who has been often spoken of as a model worthy of all imitation, who had received three written notices, but had responded to none of them. We cannot but feel with him that there was something wanting in the character of that physician. A public writer refers in 1786 to the want of fraternal feeling among physicians in the State, which he said was so great as to render impracticable any organization of the profession at that time. Drs. Hazlitt and Ross signalize a dissolution of partnership in February, 1789, by a series of vituperative articles in the newspaper addressed to each other. The breaking up of the medical society in the ensuing spring led to the washing in public of a lot of dirty linen for which there was not the least excuse, and which only convinces us that many of those concerned must have been influenced by petty jealousy and personal spite more than by considerations of public and professional good.

Such was the condition of medical practice at the close of the century—a small leaven of good striving to maintain itself against the mass of evil, hemming it in and choking it on all sides. In the midst of this chaos of riotous license a few resolute men, animated by a sublime impulse, succeeded in impressing the legislature of the State with the need of restrictions in the interest of the public welfare, and the result was the splendid charter of 1799. This result was not achieved without great opposition, and for years the trust was executed in fear and trembling, with the dread of repeal ever staring its guardians in the face. This charter was not designed by the profession solely for its own benefit. Even had this been the case it would not have prevented the public from reaping its benefits. Whatever conduced to the betterment of the profession, to its more perfect organization, improved standard and increased knowledge, could not but react upon the community at large. But it is clear that the good of the community was the mainspring of action and the organization of the profession only the means to an end, viz., "to alleviate the miseries and calamities of their fellow-citizens and prevent the citizens from risking their lives in the hands of ignorant practitioners and pretenders of the healing art." What a noble object! What a high destiny is transmitted to us in these words—nothing less than the care and protection of the health and lives of our fellow-men!

And who were those who were entrusted with the inauguration and execution of this great work? The best and purest elements of the profession, men who were the highest types of physicians and erudite in all classical and medical lore, scholars of Leyden, Paris, Oxford, Edinburgh, Glasgow, Aberdeen, Dublin and Philadelphia, the pupils of Boerhaave, Cullen, the Monros, Hunter, Bell, Rush and others, whose names are enrolled high on the scroll of fame.

The benefits of the charter were immediate and great, and while they were not all that could be wished, yet, taking into consideration the imperfection inseparable from all human endeavor, we cannot fail to be struck with their extent. Dr. Philip Thomas, the second president, tes-

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tifies in 1802 to the salutary effects of the act. Professor Richard Wilmot Hall, in his annual oration delivered in 1815, testifies that it had led to a decrease in the number of irregular practitioners and to an increased respectability and public confidence in the profession. He also declared that the conduct of physicians had become less ostentatious and more retired.

Even without evidence, we could feel assured that great good would flow from legislation which replaced chaos with order, which provided for the protection of health and the repression of a notorious class of evildoers, and which placed authority in the hands of those best qualified by ability, character and attainments to use it well and wisely.

The frequent prevalence of yellow fever in this State during the early years of the Faculty presented many opportunities for advice and action on its part, and we find that it responded on all occasions with a liberal spirit. Especially in the dread visitations of 1800 and 1819-20 was efficient aid afforded to the authorities. Some of the meetings in connection with these epidemics are referred to in the newspapers and medical journals of the day, and articles, letters and reports by members of the Faculty upon this disease are to be seen in the same publications. A series of letters and documents relating to the terrible epidemic of 1819-20 was published in the latter year and testifies to the humane and magnanimous exertions and disinterested zeal of the members of the Faculty during that trying period.

The introduction of vaccination into America by a distinguished member of this Faculty, soon after the granting of the charter, afforded a fine opportunity for the enlightened public spirit of its members, which they were swift to embrace. Probably the very first of American organizations to welcome this great boon to humanity, on two occasions the Faculty gave it the powerful advantage of its formal endorsement. In 1802 it aided Dr. James Smith (who, perhaps, did more than anyone in the country in the propagation of the discovery throughout the United States) in founding a vaccine institute, which is said to have been the first in America and which was designed for the gratuitous distribution of vaccine virus through the State. Many epidemics were cut short through the instrumentality of this institution, not only in this State, but in many other States, for, in 1813, by act of Congress it was adopted as "the National Vaccine Institute." I may refer, in passing, to the disinterested eagerness with which the members of the Faculty almost forced vaccination upon the unwilling public. The poor were vaccinated everywhere free of charge, and so enthusiastic were the physicians of that day that they offered to pay twenty-five cents to every child presenting proof of genuine vaccination. In 1821, on the recommendation of this Faculty, the city for the first time appointed vaccine physicians—one for each ward—thus putting the community in a condition of the most complete defense against the dreaded disease.

The meager information available regarding the Faculty during the first half-century of its existence—there being no published transactions until the year 1853—prevents our knowing its complete public life during that period, and there were doubtless acts of a public character which, if known, would swell the measure of its merit. For instance, it is not likely that it was silent or inactive during the several epidemics of cholera that invaded this State. The epidemic of 1832 especially afforded an occasion of intervention which it must have embraced. During the summer and early fall of that year there were 853 deaths from the disease, and one of its victims was Dr. John Cromwell, a founder of the society. Three temporary hospitals were opened in Baltimore for the reception of the sufferers, all under the care of members of the Faculty.

The institution of a medical college may, perhaps, be looked upon as a public benefit, if we date the event back something like a century ago. Few physicians in 1799 had had the advantage of a training in a medical school. There was not a single graduate in Kent, and of the thirty-nine founders from the Eastern Shore, we know of but four who had a degree (M.B. or M.D.). Also, of the sixty-two

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from the Western Shore, only eight appear to have held this honor. Many of those without degrees had attended one or more courses of lectures, but a large majority of the physicians of the day were dependent for a training upon office instruction. This was largely practical, consisting chiefly in the preparation of prescriptions, assisting in operations and seeing a few office patients. At best it was indifferent and not to be compared with the full and systematic instruction afforded by a college, and the need of the latter was early apparent to the members. In fact, at the second meeting, held at Annapolis in 1801, a plan for a college was proposed and received the sanction of Dr. Upton Scott, the president. It was proposed to found a "College of Physicians," which should embrace the duties of the medical examiners, with such other executive powers under the law as should appear to be necessary to give it standing. In this way evidently arose the earlier diploma of the Faculty, of which there are still a few extant, which uses the title, "*Collegium Medicorum in Civitate Marylandiae*," instead of the more natural designation which we have upon our diplomas, *Facultas Medica et Chirurgica Marylandiae*."*

Postponed from time to time, finally at the close of 1807 a bill was secured from the legislature creating the "College of Medicine of Maryland." Perhaps this event would not have taken place even then had it not been for the destruction of the anatomical theater of Dr. Davidge by a mob, which aroused so much indignation among the profession that they hastened to his aid and brought such an influence to bear upon the legislature that the school, already in operation as a private enterprise, was given the sanction and protection of law. This college was thus the creation of the Faculty, and its charter provides for a very close union with the latter; in fact, a dependence, since it was to be governed by a board of regents, of which the board of examiners of the Faculty, twelve in number, constituted a large majority. Moreover, the president of the Faculty was made ex-officio chancellor of the college, and reports of the condition of the college were required to be made to the Faculty at its biennial meetings. By the act of 1812, however, the college became a department of the university then established, and thus its relations with the Faculty were severed. It is interesting to note that Dr. Patrick Macaulay, in his annual oration before the Faculty in 1823, uses language which shows that this school was still regarded as organically connected with the Faculty. "As members of the same corporation," he says, "our medical college demands our co-operation and support so long as it gives encouragement and protection to native genius and bars its portals against the entrance of prejudice, presumption and ignorance." As this school was for a long time the only source of supply of physicians in the State, I think its establishment is to be regarded as a public service, and, therefore, should be included in this enumeration.

(To be continued.)

*I cannot let this word "*Marulandia*" escape without a castigation. The proper designation of the State in Latin is, of course, "*Terra Mariae*" as found in the diplomas of the University.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT WESTMINSTER NOVEMBER 14, 1899.

Dr. H. H. Young made some remarks on "The Recently Revised Method of Treating Hypertrophied Prostate by Electric Cautery."

He referred briefly to the work of Bottini, who introduced this method in 1876 and from time to time published reports of his results. But although Bottini reported remarkable cures, the experience of other surgeons the world over was not very favorable, and three years ago the Bottini operation was considered a back number.

In 1897 Freudenberg again brought it to the attention of the world, and later, by improving Bottini's instruments, made it a much safer operation. Of late several American surgeons, following Freudenberg's footsteps, have lauded to the skies the old Bottini method, making the most extravagant claims for it.

A careful review of the literature shows

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a woeful lack of careful records as to ultimate results two, four, six or more years after the operation. But while we are left in doubt as to the permanency of the "cure," there seems to be little doubt that very frequently there is great immediate improvement and even cure of the obstruction, as shown by disappearance of all residual urine and return to normal micturition. In the few cases which have been followed a year or more this has generally been permanent, and there seems to be little doubt that this large cautery blade which you see here can produce extensive changes in the tissues of a prostate.

Dr. Young thought, however, that there were many cases in which the form of the hypertrophy rendered the cautery operation useless, demonstrating some autopsy and operative specimens of extensive median hypertrophy, forming large intravesical tumors which would certainly be little affected by the cautery. On the other hand, cases of small median enlargement might be greatly benefited.

The most satisfactory feature of the cautery method is that it can be done under cocaine with no fear of shock and generally only two or three days confinement in bed.

As to methods of treating a case of enlarged prostate the choice lay between (1) systematic catheterization, (2) castration, (3) prostatectomy and (4) the Bottini.

Catheterization is troublesome, leads certainly to cystitis and often to pyonephrosis, and generally sooner or later there is a breakdown, the catheter can no longer be passed, something else is urgently necessary, and the patient too weak to undergo the simplest operation.

Castration often has been followed by wonderful cures, the greatly enlarged gland completely disappearing, but failures have been numerous, and it seems probable that it is only generally successful in cases of soft bilateral enlargement—that hard prostates are not affected, and that a median intravesical hypertrophy, although soft, may not be atrophied at all. One case was cited in proof of this, a large median hypertrophy being found in the bladder two years after castration, although the lateral lobes had atrophied. Castration is also not applicable in any but old men, nor in very urgent cases. Its applicability, then, is restricted to a narrow field.

As to prostatectomy, Dr. Young adduced the results of five cases in which he had operated:

Case I. A man aged fifty-three, with very large intravesical tumors and greatly distended bladder. Complete removal of prostate through suprapubic wound. Examined eighteen months after operation, powers of urination and coitus normal; absolutely no residual urine; normal frequency.

Case II. Aged fifty-five. Large soft bilateral and small median hypertrophy of six years' duration. Removal of three "lobes" through perineal incision (combined operation). Result perfect; no loss of sexual powers. Letter eighteen months later, "in good shape."

Case III. Aged sixty-four. Tremendous bilateral enlargement, fairly soft. Combined operation; complete enucleation of prostate. Examined one year after; almost perfect result; residual, forty c. c.; has gained thirty pounds; normal frequency of urination.

Case IV. Aged sixty-six. Very large hard bilaterally enlarged prostate; felt almost like cancer. Patient in bad shape; catheterism; bladder large; no contractile power. Operation, extensive incision of prostate with scissors; too dense to be enucleated. Result, immediate improvement; later writes, "unimproved."

Case V. Aged fifty-eight. Large median "horseshoe" intravesical hypertrophy; moderate lateral enlargement; catheterism several years; bladder power poor. Operation, suprapubic enucleation of median enlargement. Too early to be certain of result.

These cases show that where muscular power of bladder is not lost and a complete removal of all the prostatic lobes is performed the chance of cure is excellent.

Many unsuccessful cases reported in literature are probably due to incomplete operation, as seen from the descriptions given. Dense, hard sclerotic prostate enlargements (as Case IV) cannot be enucleated and are not suited for prostatectomy. Castration also has no effect on

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these, and the cautery operation would seem to be the method of choice. Dr. Young had used the Freudenberg instrument in just such a case very recently. The result so far is good. The operation was performed with local anesthesia (ecuaine 4 per cent. 3ii), gave no pain, and was followed by immediate micturition.

In conclusion, Dr. Young thought that catheterization should be avoided if possible.

Castration was not an operation of choice, but was very effective in certain cases.

Prostatectomy was the operation of choice. That if cases were attacked early, before severe impairment of bladder, kidneys and general health occurred, there was little danger in the operation and the results were excellent. But in cases of feeble health the operation was too serious, and that for these cases and those of hard sclerotic hypertrophies or those which for some reason could not stand a general anesthetic, the Bottini-Freudenberg cautery operation, done under local anesthesia, was probably by far the most preferable procedure and, judging from recent reports, may be expected to give considerable and immediate improvement.

Dr. Randolph Winslow: I think this subject is one of the most important that could come before the association, and it is one that concerns equally the general practitioner and the surgeon. There is no class of cases more distressing than these bladder troubles. They occur usually in elderly individuals whose health is more or less broken down. Dr. Billingslea presents a strong plea for the use of the catheter in these cases, and in a large number of cases the use of the catheter, whilst it is an inconvenience and consigns the individual to the life-long use of the instrument, does give good results. If, however, only the question of inconvenience were to be considered it would be better to submit to that than to be subjected to operation, but there are other considerations, and one of the most serious is the fact that catheters are very uncleanly, and that individuals who use them as a rule are not able to keep them in a condition of cleanliness, or have not the intelligence or appreciation of the fact that such cleanliness is necessary. I have had this fall quite a number of cases of bladder trouble occurring in elderly individuals, and some of the facts that have been stated by Dr. Billingslea and Dr. Young have been strongly impressed upon me. Some months ago an elderly gentleman from the Eastern Shore consulted me, complaining of inability to hold his urine. He said that at night his bed was wet and in the daytime his clothes were soiled. A catheter introduced into the bladder drew off more than a pint of urine, and of course the explanation of the difficulty was enlarged prostate. On account of his great age I did not think it proper to subject him to an operation, and instructions in the use of the catheter were given. I have recently had some experience also in the operation of prostatectomy and found it a very easy operation to accomplish, but unfortunately my patient died as a result of his generally weakened condition.

Dr. J. D. Blake: I think we can congratulate both the gentlemen on their papers, for taking two different classes of cases and giving them the best that can be done under the circumstances. Of the one class described by Dr. Billingslea doubtless many would be benefited by operation, but will not submit to it, and there the line of treatment pursued by Dr. Billingslea is the best that can be done. I want to especially congratulate Dr. Young on the fact that he has thrown a great deal of light upon a class of cases that we had hoped to benefit so materially by castration, but which were not benefited, and which puzzled us greatly to know why they were not. White's experiments upon animals showed that when one testicle was removed the corresponding lobe of the prostate dwindled away, and if both were removed both lobes came down in size. In view of that, we could not understand why the results of castration were so good in one class of cases and not in another. I am very glad that Dr. Young offers us such a satisfactory explanation.

Dr. H. H. Biedler: In regard to the operation of castration, I think there is a consensus of opinion that the hard pros-

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tates will not be affected by the operation, while soft ones will. We must remember at the same time that the nature of the prostate gland is to reduce in size as a man advances in years, and the question of whether a man shall be castrated or put up with the inconvenience of using the catheter is a serious one to decide in individual cases. One author says, for instance, that it doesn't make any difference whether a man has a testicle after he has passed fifty years, but I cannot agree with that opinion. I think it is a well-known fact that very few people who have passed the age of sixty can empty their bladders, and whether the prostate is normal or not there is always a residuum. We find that the nervous disturbance of the system has much to do with that condition, and I fear we often blame the bladder for troubles that are not due to it. I have seen these conditions relieved many times by the administration of some nervine or antispasmodic.

Dr. V. M. Reichard: I had the pleasure of listening to Dr. Young last year at the Frederick meeting, and I am delighted to hear his *résumé* of the subject to date; for those of us who live sixty or seventy miles from Baltimore and are carried at midnight to see a case of retention must be prepared to meet the emergency. There is a class of these cases that has required my services in which an operation was out of the question—old men from seventy-five to eighty-five, who have gotten along fairly well until some crisis occurs to cause acute suppression. The physician then finds that there has been hypertrophy of the bladder wall, with diminution of its capacity. It seems to me that in this class of cases the use of the catheter supplemented by frequent washings of the bladder has added very much to the comfort of the sufferers. I recall now an old man, seventy-nine, who I thought would certainly die. I removed, I think, about half a gallon of urine from his over-distended bladder, and, as sometimes happens, I found with the removal of the last urine that he was bleeding. The hemorrhage was severe enough to block the catheter, and I found it necessary to wash the bladder for several days. I had to use the exhaust of an aspirator to get the blood-clot out of the bladder, and frequently he had as much clot as I could hold in my hand. At the beginning of the treatment I could not inject more than four ounces of fluid without giving pain, but at the end of a week he would readily tolerate a quart. It has been my fortune or misfortune never to have encountered a case that would not recover, so that in a week, a month or six weeks the catheter could be discarded and the man returned to his ~~regular method of living~~. It seems to me that lavage of the bladder is one of the best means to assist in improving the condition of the bladder and its capacity.

Adjournment.

AFTERNOON SESSION.

The meeting was called to order at 2.30 by the vice-president, Dr. Samuel Theobald.

Dr. J. C. Hemmeter made some remarks on "The Use and Abuse of Hydrochloric Acid in Gastric Disease."

Dr. A. D. McConachie read a paper on "The Naso-pharynx in Relation to Aural Disease."

Dr. Simon Flexner spoke of the "Medical Conditions in the Philippines and India."

Dr. Flexner: While speaking of the medical conditions in the Philippine Islands I will pass around these culture tubes, which contain what is probably the bacillus of tropical dysentery.

You may remember that we went out as a commission from the Johns Hopkins University, and, besides Dr. Barker and myself, there were two advanced students of the university, Mr. Flint and Mr. Gay, and Mr. Jno. W. Garrett. We arrived in Manila early in May of this year, carrying credentials from the Army and Navy departments of the government, which enabled us to establish ourselves for work without much difficulty. We found it advantageous to work in connection with the hospitals of Manila, the chief ones of which are the General Civil Hospital, located in the main walled city at San Juan Mateo; the Leper Hospital, at that time in charge of Dr. Burns, and the military hospitals. These latter consist of the First Reserve Hospital, which was built by the Spaniards to accommodate 400 or 500 patients, but this has been enlarged

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since the arrival of the Americans to accommodate 1400 or 1500; the Second Reserve, which was a girls' school, and which was admirably adapted for conversion into a hospital, and a Third Reserve Hospital, the establishment of which became necessary before we left there on account of the number of sick coming in. The hospital ship "Relief" was anchored in the bay and used for hospital purposes, and in addition to these each regiment had its regimental hospital, which, however, were used mainly as detention camps, the patients being sent as soon as possible to the reserve hospitals.

Our laboratory was started in a little building on the banks of the river Pasig, and it was so shaky that one had to walk on tiptoes when another was looking through the microscope, but we soon got used to this. We soon had hospital stewards to act as assistants, and we were so well prepared for work that on looking in you might have supposed that we had a modern laboratory. We carried everything we might need out with us from Baltimore.

Dr. Barker can tell you a great deal about the clinical work of the expedition, and I will only pick out a few things to speak of, leaving the rest to him. I should mention, perhaps, that besides having every chance to study the Americans who had gone there, we had the opportunity of studying the diseases among the natives, especially the disease known as beri-beri.

You are most interested, of course, in the diseases of the islands, and especially as to how they affect Americans. Leprosy is prevalent in Manila and also in the island of Negros. The people affected with the various skin disorders there are a pretty sorry-looking lot, and this impresses itself more forcibly upon the layman than the physician. When we were introduced to General Otis, he remarked that we would find plenty to do without bothering the soldiers if we looked into the skin diseases of the natives. Some of these skin diseases are very common and very contagious, and among them the itch has given the Americans a great deal of trouble. Perhaps one means of their spread is due to the fact that all the washing of clothes is done in cold water.

I prefer to speak to you of the enteric diseases, as the ones the Americans have suffered with particularly, and more deaths have occurred from dysentery than from wounds. A large number of the cases in the hospitals are cases of acute or chronic dysentery, and a great many of the men sent back to this country have been convalescents from dysentery. It occurs in several forms—the acute, which is sometimes fatal within twenty-four or forty-eight hours; the subacute, which runs a course of perhaps two weeks, and the chronic form. The acute form involves the whole of the large intestine and part of the small. To the naked eye on looking at these intestines it would appear that there was no mucous membrane left. The discharges are typical dysenteric, muco-sanguineous. The cases that are not so acute present the typical picture of extensive ulcerations, with liver abscesses. We looked for the ameba, which has heretofore been looked upon as the cause of this disease, although of late years it has lost something of its importance in this connection. We found it sometimes in these cases and sometimes in cases that were not dysenteric, so that our feeling is that it is not so definitely connected with the disease as has been supposed. Our chief experimental animals were the monkeys. These had been pets of the Spaniards, and had been left to roam at will when the Americans came in to occupy Manila. I tried the effect of this bacillus which we had isolated from cases of dysentery and which we believe possibly has some relation to the cause of the disease, but are not yet ready to say definitely whether it is. We were somewhat surprised but delighted to find that the monkey likes to keep the ameba present in his intestines all the time, and the variety found there could not be distinguished from the ameba coli. It was necessary to produce diarrheas in order to study the dejecta properly, and this was no easy thing to do with monkeys, as it required drops and drops of croton oil before we finally succeeded. In these loose dejections the ameba were present, and though we fed the monkeys with ameba they seemed to thrive.

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We find that the form of dysentery that prevails is the tropical kind, and that the ameba may or may not be present in such cases, and that it may be present in cases that are not dysenteric. Concerning the bacillus that we have isolated, I may say that one of the young men of the Johns Hopkins Hospital who was interested in a group of organisms of this kind asked for a culture of it, and began working with it. He accidentally sucked some of the culture into his mouth through a pipette. He immediately washed his mouth with antiseptics, and, I suppose to be sure of disinfection, smoked a cigarette. He soon developed a diarrhea, lost all interest in his work, and was quite sick, but, unfortunately, did not send word to any of us at the time, for I should have been only too glad to have come down from Philadelphia to study his stools. It is too bad that the opportunity was lost.

Dr. L. F. Barker also spoke on the same subject (see page 297).

Dr. J. S. Fulton made some remarks on "Typhoid Fever in Country Districts."

Dr. V. M. Reichard spoke especially of the treatment of typhoid in country districts, referring to the inability to secure trained nurses and the necessity for the physician to be able to direct the nursing, the preparation of diet, etc., and, if necessary, even to do this work himself in order to make sure that it shall be properly done.

Drs. Preston, Brush and *Clark* discussed the necessity for amendments to the present lunacy laws, and, upon motion of Dr. Brush, the following resolution was unanimously adopted:

Resolved, That the Medical and Chirurgical Faculty of Maryland recognizes the necessity for amendments to the laws regulating the commitment and detention of the insane, reaffirms its endorsement of the amendments presented at the legislative sessions of 1896 and 1898, and urges upon the general assembly the passage of such amendments, with such modifications as may be suggested by the committee now in charge thereof, and it hereby directs the legislative committee of the Faculty to use its every endeavor to secure the passage of such amendments.

Upon motion of Dr. Reik the following resolution was adopted:

That a committee of five be appointed to consider the advisability of the Medical and Chirurgical Faculty's holding section meetings in Baltimore at stated intervals, devoted to the consideration of general medicine, surgery or one of the recognized special branches of medicine.

That this committee be authorized to confer with the officers and members of the several local medical societies of Baltimore, and, if they deem proper, to secure their co-operation towards the amalgamation of these societies with the Faculty.

That this committee be instructed to report their conclusions at the next annual meeting.

The Chair appointed upon this committee the following gentlemen: Drs. H. O. Reik, L. E. Neale, Wm. Osler, W. S. Gardiner and J. S. Fulton.

Adjournment.

PATHOLOGY OF GOUT.—Kionka (Medical Record) draws the following conclusions: (1) Just as an excessive meat diet in human beings gives rise to gout, so in fowls that have been fed exclusively on meat do we observe an analogous clinical picture. (2) The gout of birds presents both clinically and pathologically the same symptoms as the uric-acid arthritis of human beings. (3) The uric-acid excretion in fowls that have been fed on an exclusive milk diet is markedly increased. (4) After the administration of calcium salts the uric-acid excretion in these fowls sinks 50 to 60 per cent., probably on account of the formation of carbaminic acid. (5) In human beings carbaminic acid is also formed after continued administration of calcium; whether by this means the formation of uric acid is diminished, as in fowls, is very questionable, though numerous analyses by Strauss and Herxheimer seem to show a proportionate reduction of 12 to 13 per cent. (6) The treatment of gout and the uric-acid diathesis with mineral spring waters is to a certain degree a calcium therapy, in that all the mineral water used for the purpose shows by chemical analysis a large percentage of calcium.

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BALTIMORE, DECEMBER 2, 1899.

Maryland Public Health Association.

THE recent meeting of the Maryland Public Health Association may contain much that is trite to the physician, but when it is considered that it is an association in which medical and lay men meet on common ground, its advantages to the public are evident.

The people seem to take great interest in its transactions, and subjects of economic and sociological importance are brought forward and practical results are attained. The gift of a generous citizen of Baltimore to the city, by which Baltimore will soon have free public baths, was instigated by the work of this association, and the subjects of the prevalence of typhoid fever, of pulmonary consumption and of diphtheria have all received attention, and have all been of benefit to the people.

It is very fitting at this meeting to consider a proper testimonial to the late Dr. Rohé, who was such an authority on matters pertaining to hygiene, and who was so prominent in the local and national health associations. The foundation of a library of hygiene, as one member suggested, would form a most fitting memorial, and would be of much more service to all than an empty shaft or a tablet.

Although the Maryland Public Health Association holds meetings twice a year, there seems to be always an abundance of material, and interest is not lacking. The frequent agitation of important questions often brings about the desired results. In time the State will provide for the tuberculous as it does now for the mentally weak, and the result will be a continued lessening of the mortality from diseases which are in a great measure preventable.

The whole tendency of medicine at the present time seems to be towards prevention, and the physician is gradually taking away his means of subsistence by showing the people how to avoid disease and how to prevent its spread when it has once made its appearance.

The health of the people should be very precious in the eyes of a community. Diseased minds and diseased bodies, apart from the humane side of the question, increase the taxpayers' burdens, and hence prevention is not only better than cure, but it is more economical, and would recommend itself to even those who care not for their fellow-men.

The health associations throughout the world are justly assuming greater importance, and it is the duty of each one to help in every way to foster and strengthen such work and assist his weak fellow-man.

* * *

Dr. Welch's Festschrift.

THE pupils of Dr. Wm. H. Welch will mark the twenty-fifth year of their distinguished preceptor's career as a teacher by publishing a volume of original scientific papers. During the past twenty-five years some seventy-five persons have undertaken investigations under Dr. Welch's leadership, and nearly half of these will contribute to the volume mentioned.

The volume will be royal octavo in size, and will contain at least 500 pages of printed matter, illustrated with many lithographic plates and text figures.

The committee of publication consists of A. C. Abbott, University of Pennsylvania, Philadelphia, Pa.; L. F. Barker, Johns Hopkins University, Baltimore, Md.; Wm. T. Councilman, Harvard University, Boston, Mass.; Simon Flexner, University of Pennsylvania, Philadelphia, Pa.; W. S. Halsted, Johns Hopkins University, Baltimore, Md.; A. C. Herter, University and Bellevue Hospital Medical College, New York, N. Y.; Wyatt Johnston, McGill University, Montreal, Canada; F. P. Mall, Johns Hopkins University, Baltimore, Md.; Walter Reed, Army Medical Museum, Washington, D. C.; Geo. M. Sternberg, surgeon-general's office, Washington, D. C.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 25, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	12
Phthisis Pulmonalis	2	22
Measles	12	..
Whooping Cough	2	..
Pseudo-Membranous Croup and Diphtheria.	65	9
Mumps	1	..
Scarlet Fever	16	..
Varioloid	..	..
Varicella	10	..
Typhoid Fever	3	..

Dr. John Izard of Roanoke, Va., is dead.

Yellow fever is dying out in the infected places.

Dr. John A. Tompkins has opened an office at 905 Cathedral street.

The schools of Philadelphia will have a daily medical inspection.

Typhoid fever is considered a more formidable enemy in the Transvaal than the Boers.

Dr. Morris Manges has been appointed professor of general medicine in the New York Polyclinic.

Kentucky University at Lexington has been closed on account of the outbreak of typhoid fever there.

Sir Thomas Lipton has offered his yacht *Erin* as a hospital ship for the English in the Transvaal war.

The British Secretary of War has announced that he does not want women physicians at the front in the present war.

An Anglo-American Home will be established at Rome. Cases of typhoid fever and other diseases will be received.

Dr. Küttner of the University of Tübimgen has been sent by the Red Cross Society to the Transvaal to assist the Boers with their ambulance service.

At the last meeting of the Royal Medical and Chirurgical Society of London Sir William Broadbent, Prof. Clifford Allbutt and Professor Joyce took part.

An exchange says that competition among druggists of York, Pa., has caused the price of morphia to be so lowered that many persons there have become addicted to the use of the drug.

Dr. C. V. Robinson, health officer of Petersburg, Va., died suddenly last week at his home. He was a graduate of the Medical College of Virginia in 1873, and had been health officer for several years.

The first public sanatorium for nervous diseases in Germany has been opened at Zehlendorf, near Berlin, exclusively for the benefit of curable patients, at a minimal expense. Dr. Max Laehr is in charge.

The new administration building of the Loomis Sanitarium, which suffered such a serious loss by fire recently, will soon be completed. That institution has many good friends, who have rallied to its aid in time of adversity.

Dr. Adeline Martin Rea, wife of Dr. Charles Rea, died at York last week. She was a graduate of the Woman's Medical College of Philadelphia and a member of the Pennsylvania State Medical Society and of the York County Medical Society.

Dr. Alfred E. Thayer of New York has been elected professor of pathology and bacteriology in the West Virginia University at Morgantown. Dr. Thayer is a graduate of the College of Physicians and Surgeons of New York, and was for one year a fellow at the Johns Hopkins University. This election now completes the force of the pre-medical course, which is two years at this university.

The committee on legislation of the Medical and Chirurgical Faculty, Dr. Samuel T. Earle, chairman, met last week to consider what changes in the law regarding medical practice should be asked of the coming legislature. While the details are yet to be worked out, it is probable that an entirely new law upon the subject will be prepared. The existing law is not regarded as being complete. One object will be to limit, as far as possible, the operations of itinerant practitioners, or those who travel from place to place, locating temporary offices. Greater attention will be given the cases of those who are not prepared to meet the requirements of the registration feature. Provisions for examination and registration will remain about as at present.

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Washington Notes.

A memorial meeting for the late Dr. Daniel Webster Prentiss was held Wednesday evening.

At the November meeting of the Washington Medical and Surgical Society Dr. Francis H. Miner read an interesting paper upon "Suggestive Therapeutics." Paper will appear in the JOURNAL at an early date.

The funeral of Dr. Frank West, formerly of this city, took place last week. The interment was made in Congressional Cemetery. Dr. West was forty-eight years of age, and a graduate of the University of Maryland.

Probably one of the best papers read before the District Medical Society this season was the one presented by Dr. Motter, November 13. The Doctor chose for his subject "Tuberculosis or Scrofula?—A Query as to the Investigation Undertaken by the Committee of Public Health."

At the Medical Society Wednesday evening Dr. G. W. Foster, essayist of the evening, presented a well-written paper upon the "Common Features in Neurasthenia and Insanity; Their Common Basis and Common Treatment." Dr. Lamb presented for Dr. Arwine "Fungous Foot of India."

The annual report of the District health officer takes up the usual vital statistics, placing the death-rate higher than in any of the previous five years. Considerable space is given to the small-pox outbreak and the management of contagious diseases. The report embodies many recommendations.

There was a marked decline in the District mortality during the past week. The deaths number 80, as against 117 for the previous week. Of these deaths, seven were fatal cases of diphtheria, seven of typhoid. There are now 73 cases of diphtheria and 75 cases of scarlet fever in quarantine. No new cases of small-pox. The five cases are still in the hospital.

REPRINTS, ETC., RECEIVED.

Albany Medical College Catalogue and Announcement, 1899-1900.

Book Reviews.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By Dr. George B. Wood and Dr. Franklin Bache. Eighteenth edition. Thoroughly revised and largely rewritten. With illustrations. By H. C. Wood, M.D., LL. D., Professor of Materia Medica and Therapeutics and of Diseases of the Nervous System in the University of Pennsylvania, etc.; Jos. P. Remington, Ph.M., F.C.S., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, etc., and Samuel P. Sadtler, Ph.D., F.C.S., Professor of Chemistry in the Philadelphia College of Pharmacy. Philadelphia: J. B. Lippincott Company, 1899. Pp. 1999.

The first edition of this enormous work appeared in 1833, and this is the eighteenth. It is five years since the publication of the seventeenth edition. The greatest change is the description of the new synthetic remedies, about two hundred articles having been written for this part of the work. The revision of the whole work has been most complete, but there has been no alteration in its typographical arrangement. Prof. Henry Kraemer of the Philadelphia College of Pharmacy has revised the section on botany, and Professor Rusby, his article on cinchona. Much of the indexing has been done by Dr. Horatio Wood, Jr. No pains have been spared by editors and publishers to make it a work thoroughly up to the times, and of great service to those interested in this branch of the healing art.

A COMPEND OF THE DISEASES OF THE EYE AND REFRACTION, INCLUDING TREATMENT AND SURGERY. By George M. Gould, A.M., M.D., and Walter L. Pyle, A.M., M.D. Second edition, revised and enlarged. With 109 illustrations. Pp. 295. Price eighty cents. Philadelphia: P. Blakiston's Son & Co. 1899.

This is another of the popular quiz-compends which has reached its second edition, having been thoroughly revised and enlarged.

A COMPEND OF HUMAN PHYSIOLOGY. Especially Adapted for the Use of Medical Students. By Albert P. Brubaker, A.M., M.D. Ninth edition, etc. Pp. 266. Price eighty cents. Philadelphia: P. Blakiston's Son & Co. 1899.

This is one of Blakiston's popular quiz-compends and has run through a sufficient number of editions to prove its popularity. It differs very little from the last edition.

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MARYLAND
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Original Articles.

BLADDER TROUBLES IN OLD MEN AND THE TREATMENT.

By J. Howell Billingslea, M.D.,

Westminster, Md.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, HELD AT WESTMINSTER, NOVEMBER 14, 1899.

As a practitioner of medicine for thirty-five years it has been my fortune to fall in with many cases of bladder troubles in old men. There is no class of cases that give the doctor more concern or the patient more suffering. The anatomy of the parts contribute not a little to this affection—a long urethra, a prostate gland that, as age advances, becomes much enlarged, and a mucous structure of the bladder itself that, as the urine becomes changed and more heavily charged with the eliminations from the blood, invite not only irritations, but actual inflammation. To the country practitioner this subject appeals, probably, with more force than to our brethren in the city. The distance from our offices, bad roads, and the great suffering to which our patients are often subjected make it particularly incumbent upon us to afford not only relief, but prompt relief.

My object in this paper is not to exploit any one of the many drugs now in use; many of them are not only valuable, but in certain cases very valuable.

My real purpose is to call the attention of the fraternity to the use of the catheter in many of these cases, particularly in the very old, and when we have reason to suspect that the fever accompanying many of the cases is due to the inability of the patient to entirely void or empty his bladder.

That this is more frequently the case than we ordinarily believe I think is quite apparent. Who of us has not seen the lives of old men made miserable either by the neglect or ignorance of this very condition? It is true that if the patient does not void any urine we look at once for the cause; it may be suppression or retention, and the remedy is patent. But my object is to call the attention more particularly to those cases when the patient does, as he believes, empty his bladder. If we examine the case closely we will often find this history: An elderly man has been exposed to cold, and finds more or less trouble in passing his water; he will tell you he passes a little and often. This, of course, may be very misleading to the doctor, and it requires very close questioning and cross-questioning to get at the true condition. Now, what is likely to be the true condition? This we will almost invariably find: The patient, while passing urine frequently, never entirely relieves the organ, and a small residuum is left, decomposing and contributing to the serious train that follows.

If you will excuse me I will illustrate by a case that came under my observation many years ago. The patient himself was a physician about seventy years old. He had never had any special trouble in that direction, but sat out of doors one cool day in November and soon experienced difficulty in voiding his urine,

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though he supposed he emptied his bladder on every occasion.

After a time he suffered not only with fever, but a disposition to pass his water frequently. Finally, he would pass air or flatus through the urethra, showing, of course, that urine was retained in the bladder and decomposing.

This patient finally called on the late Prof. Nathan R. Smith. He at once suggested that there was retained urine in the bladder that was keeping up the trouble and also contributing largely to his discomfort. I recollect quite well how this physician told me about Professor Smith insisting upon using the catheter upon him and drew off considerably more urine than he had been able to void at any one time for many months. This case made an impression on me that I never forgot. It illustrated how an intelligent patient may be deceived and the physician in attendance thrown off his guard. This patient lived five or six years after, but continued to use the catheter and also wash out his bladder, otherwise I am sure his life would have been cut short full five years. One other case and I will close: I was called many years since to see an old man of seventy-odd who had taken a long, cold ride. After returning home he was compelled to send for me for retention of urine. I used the catheter and relieved him, but the bladder, despite what I did for him, would not act. He had a very large prostate, and using the catheter twice a day, with more and more difficulty, suggested my leaving it in for at least twenty-four hours. It was a silver one. I left him in bed, saw him the next day, and found him comfortable, depressing the instrument whenever he felt the desire. This went on for sixteen days, when his meatus showing some discoloration, and I removed the catheter. The patient afterwards passed his urine without trouble, the bladder gaining its tonicity, and the gland was, I believe, partly absorbed by the pressure of the instrument.

The last case is unique, I believe, in the keeping a silver catheter in the bladder and urethra for sixteen days without injury and with apparent benefit.

Historical Department.

THE MEDICAL AND CHIRURGICAL FACULTY'S CONTRIBUTION TO THE WELFARE OF THE STATE.

By Eugene F. Cordell, M.D.,
Baltimore.

READ AT THE SEMI-ANNUAL MEETING, HELD AT WESTMINSTER, MD., NOVEMBER 14, 1899.

(*Continued from page* 316.)

The first step towards the founding of the Maryland College of Pharmacy was the appointment at the annual meeting of this Faculty in 1840 of a committee to plan conjointly with a number of pharmacists of Baltimore an organization. As a result of this action the college was incorporated on the 27th of January, 1841, and several annual courses of lectures were delivered till 1847, when, for want of patronage, they were suspended. The adoption of the following resolution at the annual meeting in 1856 shows the continued interest of the Faculty in this work: "That this Faculty highly approve of the reorganization of the Maryland College of Pharmacy, and bespeak for its judicious code of ethics the cordial support of the legitimate members of the medical profession." No one will question the value of this initiative activity and encouragement who knows the excellent record of this institution and the high standard which it has reached.

As far back as 1790 Dr. George Buchanan, a founder of this Faculty, publicly advocated and urged the registration of deaths. Nothing was then done, and it was not again proposed until 1855, when, on motion of Dr. Frank Donaldson, a committee was proposed "to memorialize the legislature for the enactment of a law for the uniform registration of births, deaths and marriages throughout the State." A bill was framed, and at the next session passed the lower house by a nearly unanimous vote, but, in the press of business at the close of the session, was neglected in the senate. Confident of ultimate success, the committee continued their efforts, striving to convince the

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members of the necessity of the measure. They do not seem, however, to have gotten beyond the point above mentioned. The effort nevertheless deserves mention. In 1874 the following resolution was adopted: "That this Faculty endorse the ordinance offered by Dr. Chancellor, now before the city council of Baltimore, for the registration of births and deaths, and request the passage of said ordinance." What effect this endorsement had upon the passage of the act of 1882, approved by the mayor September 9, and repealed and re-enacted two years later, if any, I am unable to say. The transactions of 1880 contain the report of a committee appointed the previous year to procure an amendment to the law providing for the registration of statistics in the State. It seems from the report that this registration law had been in existence for several years, but had been a dead letter, owing to the neglect of duty on the part of the officer entrusted with its execution. This officer was the secretary of the senate, who had also been drawing an annual salary of $1000 as registrar. The report describes the fate of the bill which was prepared by the committee and which conveniently disappeared from the desk of the secretary of the ways and means committee of the house. It was said to have been "stolen." A second copy was procured, which was reported on unfavorably by the committee. The secret of the whole matter was that an officer useful to the political party then in power was concerned, and the committee of ways and means were unwilling to make any change, a proceeding which the committee of the Faculty justly characterize as "of a most shameful character and a gross and wilful outrage upon the people."

There can be no doubt that the law of 1839 which took from this Faculty the control of the licensing power had a most depressing effect upon it and repressed efforts to promote the public welfare which would have been but a natural and legitimate consequence of a continuation of the functions with which a more enlightened legislature had entrusted it forty years before and which it had exercised for the benefit of the community up to that time. It was a vital thrust, and the only wonder is that the Faculty survived it, shorn as it was of its authority and its sources of membership and revenue. I have never been able to understand why no attempt was made at this time by the Faculty to assert and claim its vested rights. If the charter was worth striving for and securing with so much difficulty in the beginning, it surely was worth an effort to retain. Yet the Faculty submitted supinely to the blow without a word of protest, so far as I know. We, therefore, surely cannot consider our predecessors as blameless; at the same time the burden of blame must rest on those who made and unmade the laws. I have made this statement in explanation of the apathy of this society during a period of some thirty years of its existence. But whatever its failures in those times, it has fully atoned for them in the last two decades. I now take up this brilliant record of achievements, which have shed a luster upon this Faculty of which we may all be proud.

In 1881 a committee was appointed to secure a law legalizing anatomical study in Maryland. The result was the laws of 1882 and 1890 upon that subject, giving to the colleges the bodies of unclaimed dead and thus forever banishing from our midst those horrible crimes of body-snatching and grave desecration.

The founding of the Directory for Nurses in 1882, I think, may fairly be regarded as a public service, as it supplied to the citizens of this State the means of procuring good nurses then and for some years after until the development of training schools met more effectually the demand.

The same year a committee was appointed "to draft a law relating to the supervision of the interests of the insane of Maryland." The labors of this committee were long and arduous, but they were crowned with complete success. Extensive correspondence was carried on with philanthropists and alienists, and examination was made into similar legislation in twenty-two other States. A bill was then drafted and submitted to eminent legal counsel, who spent two weeks in revising and molding it into proper legal form. As revised the bill was then

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brought before the Faculty on the 5th of March, 1884, and adopted, and the committee was requested to lay it before the general assembly and use all honorable means to secure its passage. It was passed by the legislature with few alterations, and received the approval of the governor on the 7th of April, 1886. It is entitled chapter 487, "An Act to add Additional Sections to Article 58 of the Code of Public General Laws, entitled 'Lunatics and Insane.'" The points in this bill which were especially regarded as advances upon the previous legislation were commitment of the insane, privilege of free correspondence, visitation by a competent authority, certificate of insanity, and licensing of corporations, almshouses and individuals receiving the insane for pay. The Lunacy Commission of Maryland is an outcome of this legislation.

At the annual meeting of 1883 a resolution was offered and adopted appointing a committee of five to represent to the legislature the urgent need of an institution for the care and education of feeble-minded children. After three years the committee reported their efforts and failure in these words: "They prepared and caused to be presented to the general assembly a memorial setting forth the claims of this unfortunate class of human beings upon the care and protection of the State, and a bill to establish such an institution was introduced by Mr. Lea P. Thom, a member of the house of delegates from Baltimore city, which members of your committee were called before the committee of ways and means to explain and support. The bill passed the house of delegates without much opposition. It provided for the establishment of an institution for the care and training of idiotic and feeble-minded youth upon grounds to be selected by the Board of Public Works, and made appropriation for the erection and support of the proposed institution for the ensuing two years. Unfortunately, the bill failed to pass the senate, and your committee regret, therefore, to say this most unfortunate class of beings remain in Maryland outcasts from public sympathy and the most terrible burdens upon the families to which they belong. Discouraged by repeated failures, your committee report their firm conviction of the efficacy of the methods adopted in institutions established in other States for the training of these sadly-neglected beings and their deep regret that Maryland should still hesitate in doing that justice to those, 'the weakest of our brethren,' that she so freely accords to the other defective classes within her borders—the insane, the blind and the deaf and dumb." But this desponding note was changed to one of gladness at the next annual meeting, when they were able to report that they had met with most unexpected success.

The address of Professor Richard McSherry, president, in 1884, called the attention of the society to certain sanitary needs of the community, viz., a sanitary survey of the State, the protection of streams and the purity of food and medicines, the securing of respectable and representative incumbents of public medical positions, the inspection of schools, the investigation and restriction of the social evil, etc. For supervision of these and similar interests, and to serve as a medium between the society and the public, a special committee on public hygiene was appointed. What this committee accomplished does not appear from the minutes, but it was a step in the right direction, and every agitation of such subjects was of use. Continuing the history of the advance on this line, we reach the spring of 1892, when the country was alarmed over the possible introduction of cholera, which had prevailed extensively in Europe during the previous summer. With a view of contributing in some measure to the public security, an "advisory committee on public health" was appointed, consisting of seven members, to consider matters relating to public health and the protection of our city against the importation and spread of infectious diseases, in the consideration of which it was to consult and act with the Commissioner of Health and with committees and representatives of other philanthropic and sanitary organizations. This committee is still continued under the name "committee on general sanitation," and is one of the most important and useful of these special bodies of workers. To it we and

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this community are greatly in debt. One of its accomplishments was the establishment of the Bacteriological Department of Baltimore, which has become in a few years so essential to our existence that we wonder how we got along without it before. In June, 1896, the committee appeared before the mayor of Baltimore to urge upon him the establishment of a municipal bacteriological laboratory, for the supervision of water supply, early detection of infectious diseases, analysis of suspected foods, etc. The mayor, who was a most enlightened and public-spirited gentleman, received the committee most cordially and promised to co-operate with them in the purpose which they had in view. At his request the present incumbent was suggested for the office of bacteriologist. A few weeks later the laboratory was set in operation under his direction. On the 17th and 18th of February, 1897, this committee joined with a committee of the State Board of Health in holding a sanitary conference in Baltimore, to which delegates were invited from every county in the State. Eighty or more responded to the call, and a permanent organization was effected under the name "The Maryland Public Health Association." So rapid was the progress at this time that there was every reason to think that the State would soon be placed in the very front rank of sanitary excellence, for this association in the short period of its career has taken a very high position, and has entirely altered the aspect of public sanitation in Maryland. Its discussions have been able and thorough, and have been participated in not only by physicians, but engineers, veterinarians, chemists, teachers, architects, dairymen and farmers, and a great variety of views have thus been elicited upon many important questions, such as sewerage, sweatshops, school ventilation, vaccination, milk and food, the use of cigarettes, etc. It has also promoted the establishment of public baths and the passage by the legislature of the vital statistics and infectious diseases acts. It has held annual and semi-annual meetings each year, which have been largely attended, and have excited a widespread interest. In all of these measures and meetings this Faculty has actively co-operated.

Although no definite advance seems to have been made (probably owing to the removal from the city of its promoter), mention may be made of an attempt to secure a law restricting the sale of potent drugs and poisons. At the time of the agitation of the subject (1883-85) there was no law in this State requiring apothecaries to keep records of sales of poisonous drugs or placing restrictions of any sort upon such sales, and grocers were allowed to sell at their pleasure such a dangerous poison, for instance, as laudanum.

(To be continued.)

NOTES ON RECENT SCIENTIFIC LITERATURE.

By William Lee Howard, M.D.,
Baltimore, Md.

X.

Non vitae sed scholae decimus. This adage is as trite today as it was in the time of Locke, or the period in which lived the author of the saying, for, without doubt, Locke found it in some of the writings of the Latin scholars. The more we learn the more we dispute, but the disputation is friendly, and its motive reciprocal information.

The number of books now being published appertaining to the fixed principle of life, sexual activity, and to the perplexing and ever-disturbing religious problems as related to life, is increasing rapidly. Such works were formerly written by pseudo-scientists, immature philosophers, that victim of atavism, the viragint, or by the subconscious erotic clergyman, whose encapsulated knowledge of the true cosmos was derived from the seventeenth chapter of Revelation. Books emanating from such sources had no interest for the pure-minded, no attractions for the scientist. Such books did harm. They surreptitiously circulated among the itching females whose memory of a past nubility was hazy, translucent. They were read by untrained minds, whose possessors posed as thinkers and brave, bold atheists. These books appealed to morbid tastes, weak intellects and a class which is best

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described as fleshly irritable and suffering from mental indigestion. Medical men, and thinking medical men, having realized the vast intellectual improvements of the present generation, are placing before the intelligent man and woman books whose motives are pure and whose text is scientific. Such books are not written for the morbid, and, while stating nothing new, the education of the present mother and father is such that physiologic facts and ethical questions can be placed before them in the language of the scientist and the meaning of a physician.

Whether too much chaffering with the world unsexes a woman, or whether a knowledge of physiology arouses morbid interest in the school-girl, is a question of individuality. It is far better that no instruction in physiology be given to the adolescent unless the plain facts be taught. The average teacher knows nothing about the psychic relations and physical energy. Unfortunately, books scientifically dealing with these matters presuppose in the reader a fair knowledge of these subjects.

The Psychical Correlation of Religious Emotion and Sexual Desire, by James Wier, Jr., M.D., is a compilation of essays written by the author for various medical journals. It is not a pleasant duty to have to call attention to faults in a work that aims to instruct as well as to point a moral. The moral of the book is that a high state of civilization leads to debauchery, debauchery leads to degeneration, and then we become atavistic and revert to the carnal, autochthonic state.

Dr. Wier's ideas are sound, his reading has been extensive and his logic is consistent. The editing of the book is deplorable. It is well enough, sometimes, when you have ideas you wish to express to repeat them in articles sporadically produced in journals, but when these articles are bound together in the form of a book, and you read the closing of a chapter in which certain historical statements are made, and are immediately confronted with the same statements and language in the next chapter, and so on *ad nauseam*, one wonders at the carelessness in the purely mechanical make-up of the work. One example of a little piece of careless editing will convey a sufficient idea of the justice of my criticism.

In quoting from Knight, describing the phallic worship in Italy in the last century, the author says: "This church was in Isernia, a little village about fifty miles from Naples." Several pages further on he says "the church was in Isernia, a little village about forty miles from Genoa." The first statement is correct. I advise the reading of the little book for a particular reason. It will give the physician a clear idea of, and a fair control over, the writings of Knight, Bancroft, Reclus, Brugsch, Westermarck, Ellis, Letourneau, Ferri, Binet, Lombroso, Kraft-Ebing, Maspero, and also cause him to realize the extent of modern studies in physiologic psychology.

There is more in our life to be studied than anatomy and fevers, and fortunately this fact is being recognized. The psychic side of life is the controlling one. It governs morality and controls ethics; it is normal or pathological. It is with the latter phenomenon that physicians should be familiar.

There are some men who willfully ignore all works dealing with pathologic conditions of the psychic centers, while grasping with avidity all books describing the miseries of gross physical disease and pathological states of somatic entities. Unfortunate it is that such men consider themselves educated physicians, when, in truth, they are simple individuals with frigid, pendantic notions. They are followers of old Prior, who sang:

> "The plainest man alive may tell ye
> The seat of empire is the belly."

The increase of psycho-sexuality is pronounced; it is a product of our civilization. Morphine and cocaine habits are only symptoms of a neuropathic condition. Sexual perversion among young women is more common than the average physician realizes. Social conditions surrounding unstable psychic growths can produce no other alternative. Effeminancy among the males is now considered a pleasant and harmless trait by the female of matriarchal desires or by the stolid, cold, unemotional female android, who is always loaded to lecture on the

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weaknesses of men or the degrading influence of motherhood.

We have social and unphysiologic conditions now existing which would interest a Caligula or support a Sporus. Physicians who do not recognize these statements are many, and many more are there who would advocate the physical punishment of these psychically diseased individuals, yet would call a person insane who would advise the imprisonment of the man that demonstrated a psychic disturbance by the objective signs of an epileptic fit on the street.

I shall next take up Dr. Scott's *Sexual Instinct*, a worthy study of worthy facts. This book is from the publishing house of E. B. Treat & Co., and is an able and useful book on sexuality, not sensuality. The two words are often commingled and interchanged by the careless and ignorant, but should be distinguished in the same manner as a normal physiological function is differentiated from a pathological state demonstrating an erethism of sexual centers. The author is plain and simple in his language, and his deduction keen and moral. He says in the introduction: "The aim of modern medical science is getting to be more and more not so much to cure as to prevent disease, and prophylaxis, or defending against morbid processes, is now fully recognized to be of paramount importance.

"Especially does this apply to growing boys and young persons in relation to their sexual conduct, for prevention is far better and more hopeful than cure. In fact, a cure of the physical and mental disease and corruption is too often impossible, brain stains being hard to wash out and disease being often incurable." The book is written for the intelligent layman, although its historical aspects and its medico-legal deductions will be found instructive to the physician. The author is somewhat dogmatic, a fault readily excused when we consider the nature of the information he wishes to convey and the conclusions he has formed by many years' experience in hospital wards.

"No man's opinion on these matters is of so much value as the physician's. On account of the nature of his work he has an immense advantage, and is peculiarly well qualified to speak, because he sees clearly in his every-day experience the physical effects of impurity upon the man and his paramours, and, if he marry, upon his wife and posterity. The mental effects is widespread insanity, which results from disease; the breaking up of home life and the loss of confidence between husband and wife, and the social effects in the ravages which vice makes among a large class of humanity."

It is deplorable that a false state of prudery engrafted on ignorance, not innocence, should exist among a class of men and women who pride themselves upon esthetic progress and intellectual attainments. The number of psychic perverts, neurasthenics and hysterical girls turned out from many of the large boarding-schools is greater than most fathers realize and beyond the ken of the family physician. I do not wish to appear as an alarmist—to pose as a believer in increasing degeneration—but my personal observations, derived from my practice, force me to repeat that the parent today is not doing duty to the child when he neglects to give the proper moral and physiological instruction, but leaves such matters to be falsely and salaciously told by precocious psychics and the ever-abominable sexual neurotic who thrives in every school.

Dr. Scott's book should be read carefully by every intelligent father of sons and every pure-minded mother of girls. I leave Dr. Scott to finish the remarks:

"It is in vain to hope that improvements in morality will come about spontaneously, for truth and knowledge are useful if spread broadcast. The medical profession, the true guardians of the weal, are responsible for the dissemination of specific information on these matters, but their efforts at instruction must necessarily be met by some concentration of attention on the part of the layman, preferably critical rather than apathetic. While many claim that these times are not so corrupt as those of past generations, yet we are suffering for sins which were then committed, and there is much discouraging reason to believe that abortions are more frequent, that unprotected

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women are more numerous and unsafe, that houses of assignation and ill-fame are more patronized, that venereal diseases are more prevalent, and he who runs may read in the daily press of our large cities advertisements of charlatans, abortionists, baby-farmers, and even of brothels for sexual perverts under the disguise of 'baths and massage.'"

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD NOVEMBER 17, 1899.

THE meeting was called to order by the president, Dr. Jas. M. Craighill.

Dr. W. B. Platt: "Exhibition of Patients."

I have three cases here tonight, of which two have recently left the Children's Hospital, and one is still under treatment.

The first is a case of marasmus, and the temperature chart is interesting in that it shows occasional drops to subnormal temperature without apparent cause. I have often noticed that such a drop is a precursor of death, and if it occurs two or three times I have hardly ever known recovery to follow. The photograph shows the condition of the child when it entered the hospital, and I show the child that you may see what can be done in an apparently hopeless case by appropriate treatment. The patient has only been with us a month and has gained one and one-quarter pounds in that time.

This second case is an imbecile child, and shows certain peculiar anatomical markings. It has asymetry of the skull and face, and a high, arched palate, said to be one of the stigmata of degeneration. At first sight you would think the child had a cleft palate. I thought the child might be a cretin, and, if so, might be benefited by thyroid extract. We were unable to effect any marked improvement in the anemia, which was very intense from the start.

Case 3.—This little girl had a double hip-joint disease of four years' standing, with discharging sinuses on both legs (exhibition of patient).

Dr. Osler: How long was that second child on thyroid extract?

Dr. Platt: Not at all, doctor. I had thought that the child was probably not a cretin.

Dr. Osler: It would be very interesting to try the thyroid extract in that case. The first case of cretinism that was placed upon thyroid extract in this country was supposed to be an ordinary case of anemia. The child was excessively anemic, and did not improve upon any other treatment, but within three weeks after beginning the use of thyroid extract great improvement was noted.

Dr. Frank Martin: I present a man upon whom I performed nephrectomy three weeks ago at the University of Maryland Hospital. He had been sick for a year, and was brought to the hospital by Dr. Reichard of Hagerstown. He had a large, palpable kidney, and when a piece of it was removed for examination it proved to be tuberculous. I then removed the kidney, but I cannot say whether it was a case of primary tuberculosis of that organ. He is manifestly better, the amount of urine has been fair, the temperature is normal and there is but a very slight trace of albumen present. The operation was done by a long incision across the back, the peritoneum pushed aside and the kidney removed.

Dr. Osler: This case brings up what seems to me to be a very practical question for the consideration of the profession, that is, the early diagnosis and early radical treatment of tuberculosis of the kidney. The subject is one that has been forced upon my attention very strongly during the past few years by a series of interesting cases, chiefly in women, in which the diagnosis was made early and the kidneys removed. I can speak of some four cases at least, in which more than two years of complete good health have elapsed since the operation. All of them were operated upon by Dr. Kelly. One of them was a friend of mine from Canada, and the operation was performed four years ago. The man had no signs of tuberculosis of the lungs. One kidney was enlarged and easily palpable, he was excessively thin, had no pain, and he agreed to take the chances of operation.

Of course, in women the accuracy with which the disease can be localized in one kidney is one of the most brilliant advances that has been made in medicine.

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Unfortunately, tuberculosis of the kidney very rarely yields spontaneously; it does so yield, but it is only in about one case in a thousand that you find such a healed area at autopsy. Infection of the bladder and of the other kidney follow in a large proportion of all the cases. The early diagnosis and successful treatment of tuberculosis of the kidney marks one of the most important of recent surgical advances. Three of the cases that I can call to mind at present, two in women and one a man, are alive and well, and have had no further symptoms since their operations.

Dr. Martin: This is the third case of the kind that I have operated upon. The first was in a young girl of nineteen, who is entirely well at present, two and one-half years since the operation, and she has gained about forty pounds in weight. In that case there was some involvement of the ureter, and a portion of it had to be removed with the kidney.

The second case in which I removed a broken-down kidney was operated upon a year ago, and the patient remains well to the present day.

Dr. Hugh H. Young: "Exhibition of a Case of Contracture of the Bladder Treated by Hydraulic Dilatation."

At the meeting of the Medical and Chirurgical Faculty two years ago, at Ocean City, I presented a report on some cases of chronic cystitis, with contracture of the bladder, that I had been treating with some success by means of hydraulic pressure.

The case I wish to show tonight is that of a young man who came to me about seven weeks ago. He is a school-teacher, aged thirty, and ten or twelve years ago had nervous attacks of retention of the urine every three or four months. He had one very severe attack lasting several hours, and his physician catheritized him. It may be that poor technique was used in this slight operation, for a cystitis resulted, and the patient being told he had gonorrhea, was placed on injections. His condition went from bad to worse, and three or four years ago he was compelled to commence wearing a rubber urinal. When he came to the hospital his condition was deplorable. I attempted to pass the ordinary small gum catheter into the urethra, but caused such a frightful pain that he suffered for an hour, and for a week afterwards we were unable to do anything for him except give him rest and tonic treatment. He voided his urine about every fifteen minutes, and the bladder, when forcibly distended, only held about 20 c. c. He had become addicted to morphine, and was taking a half-grain three times a day. On the fourth day of the hydraulic dilatation his improvement began, and at the end of the third week his bladder would hold 100 c. c.; he voided 60 c. c. at a time, and the intervals had increased from fifteen minutes up to two hours and one-half. At this time he was called home on account of the illness of his father, and for two or three days he neglected to treat himself. When using treatment at home he did not dilate forcibly as we had done, but he has nevertheless improved, until his capacity is now 160 c. c., and he voids 140 c. c., at intervals of three hours. He has given up morphia and the rubber urinal, suffers no pain at all, and, though not entirely well, is far more comfortable than he has been at any time for a number of years.

The question has been brought up by some writers whether this forcible distention of the bladder might not lead to infection of the kidneys. Some European observers have reported that it is possible, but we have had six or seven cases now and have not seen the slightest evidence of infection of the kidney in any one, although in some of the cases the streptococcus was present in the bladder. We have experimented upon dogs and rabbits, and although we used great force, we have been unable to produce a current in the ureters.

In order to succeed with this treatment it is necessary to use some force, and you must gain sufficient control over your patient to induce him to stand considerable pain. In our experiments on animals we were unable to rupture the bladder, even with a degree of pressure far greater than need ever be used in practice.

Dr. Winslow: I would like to make one remark in regard to rupture of the bladder. Some years ago, in preparing for a suprapubic operation for stone, I introduced a pint of water into the bladder. On cutting down I found extensive extrava-

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sation of water in the previsical connective tissue. The man recovered from the operation and did well for a time, but, if I am not misinformed, he subsequently visited Dr. Martin, who repeated the operation for stone, with the same result as regards rupture of the bladder, but with fatal termination.

Dr. Martin: I remember very distinctly having had such an experience. The bladder was being distended while I was preparing for the operation, and when I came to put my hand on the lump it was gone. The bladder had been ruptured, and its contents were found in the abdomen. He was a very old man, in an extremely unfavorable condition for operation. I closed the bladder and did a perineal section to remove the stone. I do not think he would have recovered under any operation. The bladder ruptured this time posteriorly.

Dr. Winslow: I want to add that when I operated on that case the bladder ruptured anterior to the peritoneum with the introduction of perhaps less than a pint of water. When Dr. Martin operated it ruptured posteriorly. The accident served to make me somewhat apprehensive in regard to forcing fluid into the bladder, so that in operations on the bladder of late I have not introduced more than eight or ten ounces of water.

Dr. Young: It seems to me this case has no bearing on the question whatever. In the first place, Dr. Winslow's patient was under ether, and two valuable warnings, the presence of pain and the realization of danger on the part of the patient, were absent. Experimenting on the autopsy table, I have forced in as much as 1800 c. c., and have not been able to produce rupture. It is hard to understand what caused the rupture in this case, but I am sure such a thing could not occur while a patient was conscious, because of the intense pain that would precede such an accident.

As to Dr. Bond's question, I do not think that the forcible dilatation is undoubtedly the most important feature of the treatment. I presume the forcible stretching of the walls tends to break up the adhesions from ulceration, to stretch the contracted folds, and possibly has the effect of improving the vascularity of the parts.

Dr. J. C. Hemmeter: "The Dietetics of Anemia and the Absorption of Iron."

Dr. Hemmeter reviewed the physiological processes concerned in the absorption of the various preparations of iron, and said that, after all the most rational way of introducing iron into the circulation is not the administration of expensive and hypothetical mixtures of the organic forms of iron, but by securing to the economy that iron which is normally contained in the food, there being, as a rule, in every daily diet an excess over what is required for the needs of the organism. To accomplish this object the Blaud pill and the chloride of iron are at least as effective in offering themselves up to the sulphur compounds in the intestine as any of the more expensive organic iron preparations. By comparative blood counts and hemoglobin tests, this truth has impressed itself upon the writer. The only other objection to the Blaud pill and the chloride of iron has been that they did not agree so well with the stomach. As a general rule, the author's experience has been that wherever the Blaud pill disagrees the much-lauded organic iron compounds disagree also, for, in these cases, it is not the form of iron, *per se*, that causes the digestive distress, but the diseased condition of either the stomach or the intestines.

Kobert has shown that the carbonate and citrate of iron in no way changes the amount of excretion of iron in the urine, but when hematin or hemaglobin are given from 10 to 17 per cent. of the administered dose is found in the urine. This shows that while the organic forms may be absorbed more readily, they are also excreted much more rapidly, and, therefore, therapeutically they accomplish nothing more than the inorganic salts of iron.

Dr. Atkinson: It is very gratifying to hear Dr. Hemmeter come back to the old position in regard to the use of iron. I was very much interested in his discussion of the theories of the absorption of iron, especially in regard to the idea that the inorganic preparations simply satisfied sulphides, and so made way for the food iron to get into the circulation. It has al-

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ways been a mystery to me why in treating chlorosis large doses of iron seem to do so much better than small doses, especially in view of the fact that in the normal excretions not more than a half-grain is thrown off, even when sixty grains may have been administered. It is a satisfaction to the clinician to know that, after all, the new organic preparations of iron are no better than the inorganic preparations which have stood the tests of so many generations.

Dr. Reuling: In connection with the question of treatment of chlorosis and anemic conditions in general, it seems to me that the use of extract of bone marrow might be excepted from the general condemnation of organic irons. From what Dr. Hemmeter has said, it would seem that good results might be obtained, provided the inorganic compounds of iron were used at the same time in doses sufficient to accomplish the neutralization of the sulphides.

Dr. Smith: I thoroughly agree with Dr. Hemmeter's paper in every sense. I have been doing some little work in chlorosis and simple anemia, and in fifteen cases in which I have closely observed the progress I have found that the inorganic preparations of iron, the old Blaud pill and the tincture of the chloride have given better results than the organic preparations. They have also in cases of simple anemia seemed to me to be decidedly more beneficial than the so-called peptomanganates. This paper is especially timely in view of the many preparations that are now being put on the market.

Medical Progress.

THE LANCET AND DR. HOWARD.—That the London Lancet agrees with the opinions of Dr. William Lee Howard is evident from its remarks concerning Dr. Howard's writings. We clip the following from the Lancet of July 15: "In two of the June numbers of the MARYLAND MEDICAL JOURNAL Dr. William Lee Howard of Baltimore blames the unwillingness of some medical men to treat patients whose symptoms, whether bodily or mental, are related to the sexual organs or functions, and he vigorously denounces the prosecution last year of the London agents for the sale of Mr. Havelock Ellis' book, "Sexual Inversion." He maintains that a recognition of the pathological states of the sexual centers as demonstrated in certain psychical conditions and morbid acts, together with a full comprehension of the power of association and suggestion in the adolescent sexual neuropath, are essential for medical practitioners, and he argues that if a pathological state such as congenital sex perversion is too disgusting to be recognized, then a state producing syphilitic sores of the genitals ought by parity of reasoning to be too filthy to be treated. He had been hoping that Mr. Havelock Ellis' prohibited book would have had the effect of bringing English medical men and publicists to understand that a human being is just as liable to have the growth in the cell making up the sexual center disturbed and distorted as in the cells making up any other center, physiological or psychical, from which it follows that it is unreasonable to send a man to prison because he is deformed in certain psychical centers. Mr. Ellis' book he describes as a classic, saying that it is cleaner, has more of the scientific atmosphere and shows greater study and research than any of the works hitherto published on the subject, not excepting those of Krafft-Ebing or Schrenck-Notzing."

* * *

CHRONIC URTICARIA OF THE THROAT. Merx (Medical Age) reports a case of chronic urticaria of the organs of the throat. The patient, a neurasthenic, otherwise a healthy individual, was often taken very sick with severe pains in the mouth and throat, which were accompanied by salivation and heartburn. The patient first called upon Merx for the removal of the foreign body from his throat, and inspection revealed slight elevations of the mucous membranes of the fauces. The epiglotis and the right as well as the left vocal cords were hyperemic. The soft palate, uvula and tonsils were edematous. The individual had also the characteristic eruption of urticaria on his forehead.

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BALTIMORE, DECEMBER 9, 1899.

Abortionists Punished.

CONVICTION so seldom follows a trial upon the charge of criminal abortion that such an occurrence is of more than passing interest. A Boston house painter and his wife were jointly indicted for this offense, after having caused the death of a married woman upon whom they operated with a catheter. Death occurred in the Boston City Hospital twenty-three days after the operation. The autopsy showed that the woman had recently miscarried and that death was due to septic infection consequent upon the miscarriage. The autopsy did not show that the miscarriage was due to a criminal operation.

The central point of interest in the trial was the dying declaration, given in the hospital fifteen days before her death. This declaration was in the form of notes written by the house physician as she told her story. After the declaration was read to her she assented to its correctness and added her signature to it. Both criminals are now imprisoned, the man for nine and the woman for five years.

Dr. F. W. Draper, whose paper upon this case appeared in the *Boston Medical and Surgical Journal* November 9, attributes the correct issue of the trial to the promptness and tact of Dr. Mackay, the house physician of the Boston City Hospital, who obtained the declaration.

In Maryland, Dr. Mackay's promptness would have favored the accused, for a "dying declaration" dated fifteen days earlier than the day of death would have raised "reasonable doubts" in the minds of Maryland jurymen.

It is possible for a Baltimore specialist in "female irregularities" to kill two women within half a year, and yet suffer no serious interruption of business. Indeed, he can, between a preliminary hearing and a trial, butcher enough babies to about pay the tax which Maryland justice lays upon his trade.

* * *

The Abuse of Public Laboratories.

THE public laboratories which are springing up everywhere in connection with boards of health offer to the general public and to physicians certain privileges and benefits which should never be obtainable at public cost. It must be clear that such laboratories are organized and equipped first and last for the protection of public health, and certainly not for the creation or maintenance of a new form of mendicancy, lay or medical.

An adjoining State maintains a general clinical laboratory. The State Board of Health sends to physicians circulars of instruction concerning the collection of urine and feces, the administration and recovery of test meals, the preservation of tumors and other pathological tissues and the methods of transmitting all these things to the laboratory. All this is paid for out of public funds. Spectacles and teeth might as well be provided at the expense of the State. Free chiropody would be more profitable and distinctly less pauperizing.

It is difficult to understand how any mind, even the legislative variety, could have sanctioned such bad public policy.

The benefits which physicians and private citizens derive from such laboratories are not gratuities, but a fair return for information which public officials can use in restriction and prevention of disease.

The public bacteriologist is not the servant of the private citizen or of the clinician any more than the public chemist is, nor can his services be demanded upon any other ground than that the community shall have a primary and paramount interest in every investigation which he makes at public cost.

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Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 2, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	17
Phthisis Pulmonalis	1	20
Measles	9	..
Whooping Cough	1	1
Pseudo-Membranous Croup and Diphtheria.	72	16
Mumps	1	..
Scarlet Fever	8	1
Varioloid	..	..
Varicella	5	..
Typhoid Fever	12	2

Dr. L. W. Evans died on December 1 at Templeville, Queen Anne county.

Dr. John B. Schwatka has entered upon his official duties as sheriff of Baltimore city.

The health department is making war upon the sweatshops and upon the filthy cow stables.

Dr. George D. Mudd, formerly a coroner of the northwestern district, died on Friday, December 1, aged seventy-three years.

The chemical laboratory of Johns Hopkins University was wrecked by fire on last Monday. The faculty of the Baltimore Medical College offered the use of their laboratory.

There will be but one medical man in the Maryland senate this winter, Dr. Robert A. Ravenscroft of Garrett county. In the house of delegates quite a number of doctors will be found.

The President has appointed the following assistant surgeons in the United States Marine Hospital Service: Robert L. Wilson, Clarence W. Wille, Elmer R. Edson and John W. Amesse.

The pulp-mill case has its third trial at Hagerstown this week. The arrival of attorneys and witnesses has stirred up much interest in the case. There are thirteen attorneys and 127 witnesses.

Failure to report a case of smallpox to the local board of health cost a Baltimore county physician $76. Judge Burke imposed the lowest fine in consideration of the absence of intent to violate the law.

Dr. John B. Deaver has resigned as a member of the surgical staff of Philadelphia Hospital. Since his resignation was accepted the board of directors have reduced the number of surgeons on the staff from ten to nine. The numerous applicants to succeed Dr. Deaver were told that no vacancy exists.

We have scarcely begun to contemplate the resexualization of the thousands of oophorectomized women by transplanting healthy ovaries, when some one proposes to nourish the female sexual system by a diet of dessiccated mammary glands of sheep. When women subsist on sheep udders and men upon goats' testes, will the little lambs go "Baa!" or butt?

Robert Hope, steward of the steamship J. W. Taylor, died of bubonic plague and was buried at sea about ten days out from Santos, Brazil. When the ship arrived at New York on November 18 the captain and cook were taken to Swinburne Island, where they are now recovering from the disease. Drs. Park and Biggs have been unable to draw any definite conclusions from a bacteriological study of the cases.

Upon the recommendation of the Secretary of the Treasury the President of the United States has detailed certain surgeons of the Marine Hospital Service to serve at our consulates abroad in order to watch the bubonic plague and keep this country informed as to the prevalence of plague of other epidemic diseases, and they will issue bills of health to vessels leaving for the United States, Cuba and Porto Rico.

On the ship which carried Sir Redvers Buller and his staff over to South Africa Capt. M. L. Hughes, R.A.M.C., gave a saloon lecture on the prevention of typhoid fever. His talk about preventive inoculation was so convincing that 150 persons asked to be inoculated. Dr. Hughes himself was injected along with the others, and the champion reaction was said to have been his. For three days the effects of the inoculation were marked chiefly by the number of vacant chairs at the dining tables and an unusual amount of dismal lounging in staterooms and on deck.

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Book Reviews.

SURGICAL NURSING. By Bertha M. Voswinkel. Second Edition. Revised and Enlarged. With 112 Illustrations. Pp. 206. Price $1. Philadelphia: P. Blakiston's Son & Co. Baltimore: Cushing & Co. 1899.

In the second edition of this book on surgical nursing a careful revision has been made and a chapter on wounds and their complications has been added. The nursing in special cases has been dealt with more in detail. The work is small but complete and well illustrated, and will be a great help to the nurse.

THE ESSENTIALS OF EXPERIMENTAL PHYSIOLOGY. For the Use of Students. By T. G. Brodie, M.D., Lecturer on Physiology, St. Thomas' Hospital Medical College. Pp. 231. New York, London and Bombay: Longmans, Green & Co. 1898.

This is the students' help, and its aim is to give a short account of those experiments which can be carried out by students during classes. It is an excellent book, but much too far advanced for seven-eighths of the medical schools of America.

A POCKET TEXT-BOOK OF THEORY AND PRACTICE OF MEDICINE. By George E. Malsbary, M.D., Assistant to the Chair of Theory and Practice of Medicine, Medical College of Ohio, Cincinnati. In one handsome 12mo volume of 405 pages, with forty-five illustrations. Cloth, $1.75 net. Philadelphia and New York: Lea Bros. & Co. 1899. Baltimore: Medical & Standard Book Co.

This is one of Lea's series of Pocket Text-Books, and contains much information in a condensed form. This form of work is not easy to write, for it is more difficult to condense matters than it is to expand. This will be a useful book for the undergraduate, but he should not rely on it entirely.

THE NERVOUS SYSTEM AND ITS CONSTITUENT NEURONES. Designed for the Use of Practitioners of Medicine and of Students of Medicine and Psychology. By Lewellys F. Barker, M.B.Tor., Associate Professor of Anatomy in the Johns Hopkins University and Assistant Resident Pathologist to the Johns Hopkins Hospital. With two colored plates and 676 illustrations in the text. Pp. 1122. Price $6. New York: D. Appleton & Co. 1899.

It would probably be difficult to estimate the amount of work which the author has put in this book. It is the outcome of a series of articles which appeared serially in the *New York Medical Journal*, but the whole matter has been thoroughly worked over and revised. The object of these lectures, as it is of this work, is "to present in as simple and concise form as possible the main facts concerning the newer investigations, with some phases of the anatomy and physiology of the nervous system." The principal part of the book contains the result of the author's extensive investigations into the groups of neurones whose axones constitute the principal known tracts in the nervous system—centripetal, centrifugal and associative. This is presented for the first time in this volume. The author says: "In the first part of the volume the newer conceptions of the histology of the central and peripheral nervous organs are reviewed. In the succeeding chapters the attempt has been made to apply the neurone conception—that is, the cell doctrine—as consistently as possible in the explanation and description of the complex architectonics of the nervous system. The term neurone is used throughout in the widest sense to mean a cell belonging to the nervous system with all its parts, not in the more restricted sense in which many authors employ it and to which objection has in many quarters quite properly been taken." The illustrations are numerous, many original and all good. The work is for advanced students of physiology and psychology. The influence of such a book will make itself felt.

REPRINTS, ETC., RECEIVED.

The Twelfth Annual Report of the Maryland Agricultural Experiment Station, College Park, Maryland.

A Brief on Marks' Patent Artificial Limbs, with Rubber Hands and Feet. A. A. Marks, New York.

The Modern Use of Synthetics. By Reynold Webb Wilcox, M.A., M.D., LL.D. Reprinted from the *Medical Fortnightly*.

The Therapeutic Value of Kryofine. By Dr. Adolf Fasano. Reprinted from *Archivio Internazionale di Medicina e Chirugia*.

The Efficacy of Hydragogin. By Dr. K. Goldberg. Reprinted from *Verhandlungen des XVII Congresses für Innere Medecin*.

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Historical Department.

THE MEDICAL AND CHIRURGICAL FACULTY'S CONTRIBUTION TO THE WELFARE OF THE STATE.

By Eugene F. Cordell, M.D.,
Baltimore.

READ AT THE SEMI-ANNUAL MEETING, HELD AT WESTMINSTER, MD., NOVEMBER 14, 1899.

(*Continued from page 329.*)

The feeling of self-confidence which grows out of a consciousness of increased strength and influence led the Faculty in 1885 to entertain again the idea of a regulation of practice. Accordingly a draft of a bill was prepared by a committee, which was approved at a meeting held February 1, 1886. Subsequent reflection, however, led to its reconsideration and rejection at a special meeting held on the 5th of the next month, after it had already been placed in the hands of the senate committee at Annapolis. The objectionable features appear to have been the mixed character of the examining board and the licensing of those holding diplomas without submitting to examination. Everyone will recall the result of this failure; how that we were not satisfied to leave matters in the condition in which they were. So manifest and urgent appeared the need of action that in the session of 1891-92 a number of our most enterprising and public-spirited members went to Annapolis and secured the passage of the act which restored to this Faculty the power of examination and license in the State, at least so far as concerns the regular part of the profession. This act, under whose benignant provisions we are living today, provides separate examining boards for the two classes of practitioners in the State, requires all candidates for practice to submit to examination without regard to the possession of a diploma, and makes it a prerequisite that applicants shall have attended three courses of lectures in separate years in some legally incorporated medical college. Those who were already in practice at the time of the passage of the act were exempted from examination. Amendments were adopted in 1894 and 1896 requiring the registration of all physicians in the county courts, and providing for the prosecution and punishment of all violators of the law. At the annual meeting of 1897 the committee on legislation was directed to obtain a further amendment to the law requiring of all candidates attendance upon four courses of lectures, thus placing this State upon the same plane as that imposed by the American Medical College Association. And so at last at the very close of the century this venerable corporation has recovered some portion of its long-lost privilege, and the admirable manner in which the new duties have been executed by our most efficient examining board, and the high standard which has been maintained in spite of opposition, have been most gratifying to the members of this Faculty and have improved in a very great degree the *morale* of the profession.

In 1891 a threatened reduction in the appropriation made by Congress to the library of the surgeon-general's office was considered of such importance that a special meeting was called and resolutions of protest were adopted and forwarded to the members of the Senate and House of Representatives from this State. Through these and similar efforts by other bodies the misfortune to this great collection,

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which could be regarded as nothing short of national, was averted.

A special meeting was held on the 30th of January, 1893, to urge upon Congress the continuation of the annual governmental appropriation for the publication of the index catalogue of the same library. Discussion revealed the fact that several officers of the society had already, on their individual responsibility, telegraphed to the members of Congress from this State. Here again the joint efforts were successful.

In 1892 a resolution was adopted recommending to the mayor and city council of Baltimore the advisability of adopting some approved system of steam disinfection under pressure in place of the inefficient methods than in vogue, and a committee was apointed to present the same to the city authorities. Joint meetings were held by this committee in conjunction with the Charity Organization Society and various business organizations of the city. By these a sub-committee was appointed, consisting chiefly of members of this Faculty, by whom an ordinance was prepared and the passage of the same urged before the joint committee on public health of the city council. The result was the appropriation by the council of $35,000 for a Hospital for Infectious Diseases and of $10,000 for a disinfecting plant, and the mayor's signature to the ordinance, which also embodied recommendations for the construction of both.

A special meeting was held February 8, 1892, to urge upon Congress a suitable bill enlarging the powers of quarantine officers, but as a satisfactory bill had been already passed when the meeting convened nothing was left for the members to do but to endorse the national quarantine bill and mutually congratulate each other on their good fortune.

In 1893, in compliance with a request of the Ministerial Union of Baltimore, a committee was appointed to co-operate with it in exerting an influence for "municipal reform." This committee (of which the late Dr. P. C. Williams was chairman) appears upon the minutes for several years, and doubtless contributed its full share towards the good work of seeking to elevate the moral tone of the community.

A very important matter was the work of the committee on preventable blindness (1893-94). Ophthalmia neonatorum, the chief cause of blindness, was traced by this committee especially to the ignorant midwives, although physicians were not entirely blameless. A law to regulate the practice of midwifery in the State was, therefore, badly needed. The committee thought that all women applying for the midwife's license should at least be qualified to handle normal labors. They should be required also to report promptly to a physician or to the health authorities all cases of ophthalmia neonatorum occurring under their observation. In accordance with these views a bill was drafted and brought before the next session of the legislature under the sanction of the Faculty, and there it became a law. In 1894 the committee was converted into a board for the enforcement of the law. By this means midwives now are made to bring all infants with this disease promptly to physicians and to the dispensaries, and many eyes are annually saved.

In the same year (1893), at the request of the New York Academy of Medicine, this Faculty appointed a committee to aid in securing the passage of a bill establishing a National Bureau of Public Health within the Treasury Department of the United States. This bill was vouched for by one of our most influential members as being "very important and framed with great care and with reference to the national government and rights of the States."

The bill for an additional hospital for the insane (known as the Springfield or Second Hospital for the Insane) enacted by the legislature in the session of 1893-94 was an achievement which had its origin in a committee appointed by this Faculty. Of this measure, the amendment of the medical-practice act and the act for the prevention of blindness in infants, Dr. Rohé says, in his presidential address, 1894: "Each passed in essentially the shape in which it was recommended by the Faculty through its appropriate committees. Having watched the progress of these measures through the legislature, I be-

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lieve I may say that not one of them would have passed in satisfactory form if the members of the legislature had not been impressed by the fact that the organized profession of the State, as represented in this Faculty, endorsed and supported them."

In 1894 the senators and representatives in Congress from Maryland were memorialized to urge upon Congress the retention of the regular annual appropriation of $10,000 for the library of the surgeon-general's office, for which a reduction to $7000 had already been voted by the lower house.

In 1894 a standing "committee on legislation" was created, and the duty assigned it "to recommend and urge municipal, State and national legislation in the interests of the health of the people and of the medical profession." This committee, I believe, has been active in looking after these interests, and will no doubt continue to guard the welfare of the community and State, which with us all is a supreme duty.

In 1895 the Faculty, by resolution, urged the mayor and city council of Baltimore to establish free public baths.

In the same year a committee was appointed to investigate improved methods of infant-feeding, especially modified milk. Through the exertions of this committee a Walker-Gordon laboratory or dairy was established in Baltimore, where physicians of this city can send their prescriptions for a milk of any desired analysis, just as one would send a recipe to the drug store.

In 1896 there was pending in both houses of Congress a bill intended "to prohibit vivisection or animal experimentation in the District of Columbia and effectively close the biological laboratories of the surgeon-general's department of the United States army, the Bureau of Animal Industry of the Department of Agriculture and Marine Hospital Service, and prohibit all illustrative experiments on living animals in the medical colleges of the District of Columbia." It was being urged with unremitting zeal and persistence by the humane societies of the District. If adopted the effect would have been to add impetus and force to the crusade against the scientific progress of medicine throughout the country. This was an emergency which had to be met, and at least one public-spirited member of this society threw all his energies into the contest with the anti-vivisectionists, as you may learn by reference to the preface of the sixth volume of "A System of Medicine," by T. Clifford Allbutt.

Such is the long record of the public services of this Faculty, and the time taken in their bare recital leaves but little opportunity for observation or comment. Perhaps it is best that this should be so and that the record should be left to speak for itself. But I cannot let the occasion pass without giving utterance to a few thoughts suggested by the foregoing narrative. And first, what a grand future of usefulness opens to this society in the second century of its career, upon which it has just entered! Unified in purpose and action, spurred on by the glorious memories of the past and inspired by the examples of the great and good men who have preceded us, and animated with the prospect of a future full of hope and promise, we seem to have reached a point in our career which the older physicians looked forward to in vain. But let us not forget that with these advantages have come added responsibilities, and that pressing duties await us in many new fields of activity. And here comes the question of motive in all this. That physician dwarfs his grand calling who makes self the object of his life, and I pity him who cannot feel that he has come into a blessed inheritance in the boundless opportunities of self-sacrifice and usefulness which surround him. And so in a public sense it is not power to use for ourselves that we are striving after as an organization; not legislation for our own benefit, but legislation for the public good. The profession wants nothing and asks nothing for itself; what we seek to accomplish is for the benefit of the people, our fellow-citizens and neighbors.

And lastly comes the thought of pride in this old society and a consciousness of the honor and value of membership in it. May we guard jealously its name and fame and transmit both to our successors with undimmed luster!

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Society Reports.

COLLEGE OF PHYSICIANS OF PHILADELPHIA—SECTION ON OPHTHALMOLOGY.

MEETING HELD NOVEMBER 21, 1899.

DR. GEORGE C. HARLAN, chairman, in the chair.

Dr. W. F. Norris presented a case of "Chancre of the Lower Eyelid."

M. S., aged forty-five, presented himself at the dispensary of the hospital of the University of Pennsylvania on October 20, 1899. The patient states that the disease started two days before as a little white blister about one-quarter inch from the external canthus of his right eye. When first seen there was marked swelling of the lids, with an indurated lump in the margin of the lower lid near the external canthus, about 1 cm. in diameter, yellowish in color. The bulbar conjunctiva was markedly chemosed, and there was a slight conjunctival secretion. The patient had severe nocturnal pain in the forehead and temple. There are no posterior synechiae or other evidences of inflammation of the iris. He was ordered a solution of atropia and ten grs. of potassium iodide, the dose to be increased two grs. daily. Four days later the face, lids and glands of the neck were much indurated and swollen; the yellow lump on the lower lid had broken down, leaving an irregular sore and ectropion of the lower lid. The severe symptoms gradually subsided, and on the 27th there was no pain, and the swelling of the lids and the chemosis had decreased. The upper margin of the cornea was the seat of several small superficial ulcers. Holocain was applied to the ulcers, and the sore on the lid was touched with 5 per cent. solution of protargol, later with mercuric bichloride 1 : 500. On November 1 there was an indurated sore with a sharp-cut excavation. The two water-color drawings by Miss Washington give a truer reproduction of the above-described state of affairs than any word-painting. The patient has progressed steadily, and now, November 21, the inflammation has subsided, the ulcer is nearly filled, and there are three minute elevations on the margin of the lid just beyond the outer edge of the ulcer. There is no history of infection to be obtained, no lesion or scar on the penis, and no symptoms of secondary or tertiary syphilis. The patient attributes the lesion to traumatism, and says that some days before the above symptoms appeared the lid was penetrated by a splinter of glass that was removed by a fellow-workman.

Dr. L. A. Duhring stated that there were several interesting points in the diagnosis. First, the period of incubation was extremely short, supposing it to be the primary lesion of syphilis; in fact, there is no case on record where such a short time elapsed from the reception of the wound to the manifestation of the disease; second, a high grade of inflammatory reaction, such as was seen in this case, is extremely rare. This man complained of pain, and the conjunctiva was both chemosed and ecchymosed, both of which signs are not in accord with the usual course of primary sores. He considers that the word "chancre" is frequently misused. There are several lesions which are not properly chancres. An ulcer in order to be designated "chancre" should be surrounded with much induration and should be followed by the clinical symptoms of syphilis.

Dr. Thomson related the history of a case of supposed stye which was freely opened, but which later developed into a syphilitic sore. The patient was infected by contact with pus on clothing that she was washing.

Dr. B. A. Randall mentioned the case of a lady who was infected by a hypodermic needle inserted into the gum. History and culture showed streptococcus. The ulceration involved the palate and was typical of syphilitic ulceration and caries, but was distinctly not syphilis. This case demonstrates that anomalous lesions are not always syphilitic, although they appear to be.

Dr. G. Oram Ring presented a patient with a large and rapidly-growing "Sarcoma of the Orbit," probably originated by a blow. The patient, a boy of eighteen, had moderate pain and swelling. One week later he was admitted to the hospital with exophthalmos, intense chemosis, marked swelling of the lids and orbital

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tissues; temperature normal. The chemosis and exophthalmos rapidly increased; the cornea became ulcerated and iris prolapsed. At this time the diagnosis was retro-ocular hemorrhage. After enucleation, microscopical examination of a portion of the newly-formed orbital tissue pointed strongly to a malignant growth, consisting chiefly of large round and polyhedral cells, with some spindle cells. Blood-counts showed the absence of any pronounced degree of leucocytosis, the average count being 9000. The tumor spread rapidly, invading the frontal bone, the superior maxillary bone, the maxillary sinus, and projected forward several inches beyond the plane of the orbit. The anterior surface was ulcerated and bleeding. The greater portion of the mass developed within the past two weeks. The case was considered inoperable.

Dr. de Schweinitz described four cases of sarcoma of the orbit. The first commenced in the choroid. The eyeball was enucleated in the glaucomatous stage five years after the original discovery; recurrence occurred in five months, when the orbit was exenterated. The second commenced in the orbit and extended to the antrum; the third was metastatic from sarcoma of the abdominal regions; the fourth case was a large spindle-celled pigmented sarcoma.

Dr. Friebis mentioned a patient who was the subject of disseminated sarcoma, which made its first appearance in the eyeball.

Dr. Randall described a sarcoma of the neck which followed direct injury. The tumor appeared in one month; it was removed and recurred, three operations being done. The growth extended from the eye over the side of the face to the ear and down as far as the clavicle. It was then regarded as inoperable, and treatment by injections of the serum of erysipelas was instituted. The patient improved daily, and was able to return to work, and in six months showed no sign of local or metastatic growth.

Dr. Charles A. Oliver gave a clinical and histologic study of a case of "Melanosarcoma of the Choroid." The patient, a 64-year-old man, accidentally discovered twenty-six years previously that he was blind in the left eye. With the exception of two slight attacks of disturbance, the eye remained quiet until four months before being seen, when it began to increase in size and became intermittingly painful. A nodular mass, which was highly vascular and densely pigmented, protruded between the eyelids. The entire contents of the orbital cavity were removed. They were found to consist of a melanotic sarcoma of the choroid which had broken through an atrophic globe both anteriorly as an ulcerated fungus and posteriorly filling the orbit and destroying the orbital contents. The mass was filled in many places with blood-extravasations and was packed with degenerated neoplasmic cells. In addition, there was a large ossification area in association with osseous changes that were seemingly connected with the tumor itself. The patient apparently enjoyed robust health up to the time of his death from a railway accident three years later, the growth never recurring nor extending, and there never being any evidences of metastasis.

Dr. de Schweinitz related the history of a case of "Gumma of the Iris and Ciliary Body," and demonstrated the specimens from the enucleated eyeball. The growth occupied the area between the anterior end of the ciliary body, and included the iris to its pupillary margin. It presented the usual histologic character of gumma, and contained in its center a cyst which had developed from one of the larger ciliary processes. There was adhesive inflammation of the iris periphery on one side, occluding the angle of the anterior chamber, while the growth blocked the angle on the other side. This occasioned glaucoma, on account of which the eye was enucleated, sight having been destroyed and the usual medicinal measures having failed to cause absorption of the growth.

Dr. Burton K. Chance reported (by invitation) "The Ocular Findings in the Study of Twenty-three Cases of Epidemic Cerebro-spinal Meningitis." In a systematic study of the eyes of twenty-three persons suffering from epidemic meningitis the author noted among the early symptoms lessening of central vision, photophobia, burning and itching of the

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lids, with catarrh; in one case there had been diplopia, in another deep orbital pains, followed by ptosis and facial paralysis of the left side. The visual testings yielded normal acuity in several cases, despite the intense congestion of the fundus; in others there was marked diminution when the optic disks showed decided neuritis. Disturbances of the conjunctiva were seen to be localized and unilateral, and doubtless were due to contamination from outside sources. Abnormal convergence of both eyes was seen in two cases. There was more and greater variation in the size of the pupillary areas than would ordinarily be noted among the same number of healthy individuals. No case presented inflammation of cornea or iris or alteration in the transparency of the lens, nor were gross acute changes of the choroid or retina observed. The optic disks presented the greatest changes. Here were seen early progressive neuritis, marked by hyperemia, edema and projection forward of the disk with constriction of the afferent and efferent vessels.

HOWARD F. HANSELL,
Clerk of Section.

DELAYED HEALING OF THE CORNEAL WOUND IN CATARACT EXTRACTION.—Dr. C. Jarnatowski, in the Journal of Eye, Ear and Throat Diseases, says such wounds usually closed over with a re-established anterior chamber in from two to three days. Longer than that time was rare and looked upon with doubt, the possibility of loss of the eye by infection or glaucomatous process being imminent. The writer's patient was a healthy man of seventy-four years, with double cataract, the left eye having good light perception and projection. The operation was without iridectomy and perfectly smooth. On the fourth day the anterior chamber had not reformed. Three or four days later examination failed to reveal the presence of the anterior chamber or a closure in the wound. Atropia was then instilled, the patient kept quiet and developments awaited. At this time there was no partial prolapse of iris, cortical matter or vitreous. The cornea was clear and congestion but slight; patient complained of some annoyance. On about the tenth day cicatrization began and went on uneventfully to complete healing. There was no iritis, although some posterior synechiae; pupil round, but insensible to light; T. normal; no pain. Jarnatowski believes the cause can be attributed to the form of and mode of making the corneal incision, the delayed healing being apparent in linear incisions rather than the flap variety. Other hypotheses are probable, though secondary. Treatment consists in rest for the patient, with well-applied bandage, instillation of atropia solution, and waiting. Iridectomy (Valude, Terson), smoothing the inner edges of the wound with a spatula (Terrien), touching the edges with tincture iodine (Vacher), etc., have been done, with success following.

* * *

INDUCTION OF PREMATURE LABOR.—Spineli (American Journal of Obstetrics) describes a new and simple method which has has tried successfully in a number of cases. The patient undergoes the usual preparations as for confinement, such as a bath, emptying of the bladder and rectum and thorough disinfection of the external genitals. The operator disinfects the vagina and cervical canal. A speculum is introduced, the cervix exposed, seized posteriorly by tenaculum, and drawn forward. In primaparæ, or in cases in which the cervix is not sufficiently opened to permit the introduction of a finger, it is dilated with a metallic dilator. The index finger is then introduced through and above the internal os, and the membranes carefully separated as far as possible, care being taken not to rupture the membranes. Next a long strip of sterilized gauze saturated with ichthyol is introduced up into the lower pole of the uterus, under the guidance of the finger, and packed as firmly as possible, thus filling the space between the membranes and the uterine wall. The vagina next is tamponed with gauze. A T-bandage is applied and the patient remains in bed or on a couch. Pains soon make their appearance, and the forcible expulsion of both the uterine and vaginal tampon indicates the progressing labor and dilatation of the birth canal.

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SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND. MAY 17, 18, 19, 20, 1899.

Number	Graduate of	Obstetrics	Anatomy	Physiology	Surgery	Gynecology	Pathology	Hygiene	Practice	Materia Medica	Therapeutics	Chemistry	Medical Jurisprudence	Total	Average
1.	Baltimore Medical College	95	87	83	80	85	78	90	97 3-7	90	90	75	90	1040	86
2.	University of Maryland	100	80	70	80	100	86	84	97 5-7	90	87	46	50	971	80
3.	University of Maryland.	96	83	75	85	85	75	84	78 5-7	86	86	40	76	950	79
4.	Baltimore Medical College.	88	82	75	60	60	79	90	100	84	84	62	50	911	76
5.	Baltimore University Medical College	75	75	70	50	75	69	82	89 2-7	80	75	26	40	806	67
6.	Univertity College of Medicine, Richmond	95	100	100	90	80	82	94	94 5-7	81	81	42	40	980	81
7.	Maryland Medical College	Cancelled for cheating.								Page from a "compend" found in his papers.					
8.	University of Maryland	90	80	100	75	60	72	80	100	84	85	40	46	912	76
9.	University of Maryland	93	40	75	85	75	77	84	100	98	100	94	94	1015	84
10.	University of Maryland	92	67	80	90	85	74	94	100	85	75	66	86	994	82
11.	University of Maryland	90	90	85	90	95	74	88	97 1-7	79	79	40	80	987	82
12.	University of Maryland	92	100	80	90	95	82	79	100	84	85	90	98	1074	89
13.	Johns Hopkins University.	93	100	100	100	90	100	99	100	100	100	84	86	1152	96
14.	University of Heidelberg	78	90	80	75	75	85	88	100	81	81	90	80	1003	83
15.	Johns Hopkins University	100	90	85	100	100	99	99	100	100	100	94	96	1163	96
16.	Medical and Chirurgical College, Phila	83	83	80	90	80	68	76	91	80	80	43	63	917	76
17.	University of Maryland	86	67	80	90	90	80	94	94	78	78	68	84	989	82
18.	University of Maryland	89	75	75	75	95	75	90	83 3-7	76	75	56	56	920	76
19.	University of Maryland	100	100	100	90	95	94	91	100	100	100	90	84	1144	95
20.	University of Maryland	92	95	100	95	100	77	99	100	90	90	48	92	1078	89
21.	University of Maryland	100	80	95	75	75	85	92	100	78	78	75	75	1008	84
22.	University of Maryland	92	83	66	95	95	79	98	100	85	86	70	68	1017	84
23.	University of Maryland	85	70	80	90	90	94	98	100	77	77	84	84	929	77
24.	University of Maryland	92	90	83	80	75	76	84	100	83	85	60	70	978	81
25.	University of Maryland	87	100	75	90	90	80	88	97 3-7	88	89	84	90	1058	88
26.	University of Maryland	94	90	80	75	90	98	89	100	80	80	84	90	1050	87
27.	Baltimore Medical College	100	88	84	80	95	82	82	100	77	80	92	90	1050	87
28.	Baltimore Medical College	100	91	90	85	90	82	95	100	79	81	94	96	1083	90
29.	College of Physicians and Surgeons, Balto	95	100	100	80	90	100	100	100	89	91	96	94	1135	94
30.	University of Maryland	88	80	86	90	95	67	82	98	78	79	50	96	991	82
31.	University of Maryland	90	100	95	95	95	86	90	100	79	79	64	96	1069	89
32.	Woman's Medical College, Baltimore	94	66	75	75	75	75	90	100	75	85	48	98	956	79
33.	College of Physicians and Surgeons, Balto	90	80	85	85	75	92	99	94 5-7	77	80	96	94	1048	84
34.	Baltimore Medical College	94	100	75	85	85	77	88	96 3-7	80	80	98	98	1056	88
35.	University of Maryland	90	75	75	80	80	70	86	91 1-7	77	78	46	72	915	76
36.	College of Physicians and Surgeons, Balto.	100	100	100	90	90	79	92	100	88	89	75	86	1089	90
37.	College of Physicians and Surgeons, Balto	100	90	75	80	85	92	98	100	90	90	76	96	1072	89
38.	College of Physicians and Surgeons, Balto	90	100	80	95	100	78	84	96 5-7	92	92	70	98	1076	89
39.	College of Physicians and Surgeons, Balto	89	75	80	80	80	81	83	99	89	89	70	80	995	82
40.	College of Physicians and Surgeons, Balto	89	70	75	75	75	82	82	98	79	80	75	80	960	80
41.	Baltimore Medical College	92	78	80	95	95	78	87	91	76	77	60	84	993	82
42.	Baltimore University Medical College	...	80	70	10	10	...	...	...	...	...	..	..	170	14
43.	University of Maryland	95	50	87	80	70	80	89	81	78	78	94	68	950	79
44.	University of Maryland	73	60	75	70	25	78	90	90	84	88	65	60	858	71
45	Baltimore University School of Medicine	90	75	75	75	75	77	82	93 6-7	77	77	94	70	960	80
46.	University of Maryland	93	100	100	90	85	95	92	95	95	95	92	88	1120	93
47.	University of Maryland	88	75	75	75	75	75	88	81 4-7	78	78	90	92	971	80
48.	University of Maryland	95	83	80	95	100	98	98	100	83	85	90	96	1103	91
49.	University of Maryland	94	80	75	90	80	79	98	100	90	89	96	94	1065	88
50.	Woman's Medical College, Baltimore	88	100	88	85	85	75	89	87 2-7	80	80	84	80	1021	85
51.	Baltimore Medical College	82	75	60	75	80	65	74	64	74	75	30	60	814	67
52.	Harvard Medical College, Boston	98	100	100	95	90	57	92	100	79	79	72	86	1048	87
53.	Baltimore Medical College	90	95	80	70	75	79	92	89 4-7	86	88	56	78	978	81
54.	Baltimore Medical College	84	91	52	84	75	70	78	85	79	78	50	50	876	73
55.	University of Maryland	78	75	75	85	90	78	85	100	80	79	95	66	966	80
56.	Baltimore University Medcial College	37	50	49	25	75	65	82	86	76	76	40	48	709	59
57.	Baltimore Medical College	90	97	78	80	85	76	82	95 4-7	79	80	70	75	998	92
58.		...	...	..	75	75	withdrew by permission on acct. of illness.								
59.	University of Maryland	91	100	80	85	80	82	86	98 5-7	76	78	76	78	1011	84
60.	College of Physicians and Surgeons, Balto	83	75	70	60	60	71	88	100	76	77	50	80	890	74
61.	University of Maryland	94	80	88	85	90	78	85	100	80	80	94	90	1044	87
62.	College of Physicians and Surgeons, Balto	100	78	70	75	65	78	85	100	90	87	50	80	958	79

A general average of 75 being required, it will be seen from the above table that of sixty-two applicants eight failed to reach that average, one withdrew on account of illness.

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SURGERY.

1. Define—(a) necrosis; (b) caries; (c) ostitis; (d) osteomyelitis.
2. Acute synovitis. What is it? Give—(a) its causes; (b) its symptoms; (c) its treatment.
3. Chronic ulcer of the leg. Give—(a) its causes; (b) varieties; (c) treatment in detail.
4. Describe Colle's fracture and give its treatment.
5. What are the indications for surgical interference in biliary calculus, and describe the operation.
6. Fissure of the anus. Give—(a) its causes; (b) its symptoms; (c) its treatment.

GYNECOLOGY.

1. Amenorrhea. Give—(a) its causes; (b) its treatment.
2. Dysmenorrhea. Give—(a) its causes; (b) its treatment.
3. Describe what is meant by a version of the uterus and what is meant by a flexion of the uterus.
4. Describe what is meant by subinvolution of the uterus. Give—(a) its causes; (b) its treatment.
5. What is inversion of the uterus? Give—(a) its causes; (b) its treatment.
6. What is prolapse of the uterus? Give—(a) its causes; (b) its treatment.

MEDICAL JURISPRUDENCE.

1. What are the signs of death?
2. What are the signs of a criminal abortion?
3. What is the chemistry of poisoning by illuminating gas?
4. A food is suspected of containing arsenic: how would you prove that it does?
5. What are the symptoms of poisoning by carbolic acid?
6. In the case of a gunshot wound, how could you tell whether the weapon was near to or distant from the wounded person?

CHEMISTRY.

1. On what principles are the various tests for sugar in the urine based?
2. What is the cause of the decomposition of urea in urine, and what compounds are formed by this decomposition?
3. State the physical and chemical properties of oxygen.
4. What is ozone, and how does it differ from oxygen?
5. What happens when you heat together potassium chlorate and manganese dioxide?
6. State the most common solid and gaseous constituents of water?

PATHOLOGY.

1. Describe the formation of an abscess.
2. Describe a primary tubercular nodule in the lung.
3. Describe the intestinal lesions usually found in a case of typhoid fever.
4. Give the minute anatomy of a section of the liver substance in a case of atrophic cirrhosis of that organ.
5. Describe a sarcoma.
6. Give the changes which take place in the small blood-vessels in a case of arterio-sclerosis.
7. Give the morbid anatomy of a recent case of acute general peritonitis.

Answer any six of the above questions.

HYGIENE.

1. Give a method of disinfection to be used in a room in which there has been a case of lung tuberculosis.
2. What are the precautions to be observed as regards the sputum in such a case?
3. What prophylactic measures should be used when treating a case of typhoid fever?
4. What can be the possible sources of contamination of a water supply?
5. Give a list of the diseases which may be acquired through a contaminated milk supply.
6. What form of well will give the safest drinking water?

OBSTETRICS.

1. State the indications and contraindications for the use of ergot in parturition.
2. Define cephalic and podalic version, and describe the various procedures whereby either may be accomplished.
3. Describe the mechanism of labor in L. O. A. position.
4. How would you manage placenta previa in the eighth month?
5. Diagnose a breech presentation, and describe your management until delivery has been effected.
6. Give the prophylaxis and diagnosis of puerperal sepsis.

PRACTICE.

1. Describe the mitral regurgitant murmur. Give the topography of the chest, showing where the sound is best heard.
2. Give the differential diagnosis of ulcer and cancer of the stomach.
3. Diagnose between ascites and fluid in an abdominal cyst.
4. Give the diagnosis and treatment of cholera infantum.
5. Give the treatment of intestinal hemorrhage in typhoid fever.
6. Give the physical signs and treatment of croupous pneumonia.
7. What are the common causes of jaundice?

ANATOMY.

1. Describe the broad ligaments of the uterus, and give their anatomical relations.
2. What kind of a nerve is the spinal-accessory? Where is its origin and where is it distributed?
3. Describe the axillary artery.
4. Into how many divisions are articulations classed? Name these divisions and give an example of each.
5. Of what does the solar plexus consist? Where is it located and what does it supply?
6. Describe the scapula.

PHYSIOLOGY.

1. How many groups of food are necessary

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for maintenance of man? Give examples of each.

2. Where is the speech center to be found?

3. Give the origin of the tenth pair of cranial nerves. Is it a motor or sensory nerve? State in a general way what effect, if any, the division of this nerve in the neck would have upon the lungs, heart and stomach.

4. What are the conditions that retard, suspend or prevent the coagulation of blood?

5. What are the conditions that appear most to influence the composition of the blood in health?

6. What are the causes which increase the quantity of urine in a healthy man?

MATERIA MEDICA.

1. To what class of remedies does salol belong? What is the usual dose, and how is it best administered?

2. Of what is creosote a product? What are its modes of administration, and what are its doses?

3. What preparations of nux vomica are used in medicine? How are they used, and in what doses?

4. What are the principal alkaloids obtained from cinchona bark and used medicinally?

5. What are the principal medicinal preparations of lead?

6. Give the source, physiological action, dose and antidote of gelsemium.

THERAPEUTICS.

1. Mention conditions which affect the action of medicines.

2. Write a prescription which could be used in the treatment of acute dysentery.

3. Give the common name and therapeutic uses of viburnum prunifolium.

4. Mention the principal preparations of cannabis indica and their doses.

5. Name the routes by which medicines are introduced into the organism.

6. Mention the therapeutic uses of heat.

Correspondence.

THE LUNACY LAWS.

Editor of the Maryland Medical Journal:

HAVING had for the past eight years an intimate and wide knowledge of the cumbersome and obstructive methods under our laws to secure immediate and proper care and treatment for insane paupers, I may be pardoned for wishing to see them changed and all of these sad cases committed to the care of the State.

One reason that retards the execution of the law as it now stands is that many insane paupers, not citizens of Anne Arundel county nor of Maryland, are arrested as tramps and vagrants, and as soon as it is discovered that they are "mentally diseased" an effort is made to find out who they are and from whence they came, with the view of returning them to their respective families, friends or States. This "detention" sometimes runs into days and weeks in a jail cell, the only secure place the county has for them.

It is plain that this "detention" and all of the expenses connected therewith properly belongs to the State.

As all of the processes of law, the rights or the wrongs of the individual, hang upon the question of his "sanity," can anything be more binding upon the State than to meet and to answer these responsibilities? Can the State afford to settle such momentous matters except by expert opinions of the highest quality and character?

I do not believe there is a man or woman in Maryland who wishes to add pain and suffering to mental affliction. I must believe that few physicians can differ with me upon this question, and that the profession can get the law passed if they are in earnest. Let all physicians who are in sympathy with this movement which humanity demands write a card, note or letter to the committee who have the matter in charge, and if I am a judge of the "influence" to defend and protect the most helpless class of all needy people, the law will be passed.

Very respectfully,

J. M. WORTHINGTON.

Annapolis, Md.

Medical Progress.

THERAPEUTIC NOTES.

The following therapeutic notes are taken from the Boston Medical and Surgical Journal:

VOMITING OF PHTHISIS.—Berthier frequently observed in patients with commencing pulmonary tuberculosis fits of coughing early in the morning or after the evening meal, followed by vomiting, which he considers as a sort of pulmonary reflex, this, in its turn, exciting nausea, on account of a hyperesthetic condition of the pharynx, the so-called pharyngeal

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hyperesthesia. To stop this vomiting it is necessary to cause the disappearance of this hyperesthesia. To effect this purpose Berthier resorts to the employment of 2 per cent. solutions of cocaine, with which he swabs the posterior pharynx a couple of hours before the expected attack of vomiting. In three of four days of such treatment the hyperesthesia disappears. The treatment is then discontinued until the reappearance of another attack. Two or three repetitions of the treatment are entirely sufficient to bring about a cure of the trouble.

Salophen in Acute Articular Rheumatism.—To avoid a possible recurrence of the symptoms of this disease, even when salicylic acid has been employed for a few days, Mosler resorts to the use of salophen in doses of thirty to forty-five grains per day, after the acute symptoms, such as pains, swelling of the joints and fever, have been set aside by the previous use of the salicylate. The salophen thus employed must be used for several days. According to the author, the drug is free from any deleterious effect on the stomach or the nervous system. He administered as large doses as one to two drachms daily for several days without any harm. It is also useful in rheumatic chorea, and serves as a reliable analgesic and antineuralgic.

Ichthyol in Measles.—Dr. Stizover employs, and, he reports, with great success, a salve made up of ichthyol, thirty parts, and axungia, ninety. This is rubbed on twice a day, in the morning and in the evening. If the treatment is begun before the appearance of the eruption on the surface of the body, but when it is detected already on the mucous membrane of the oral cavity, the course of the disease may be completely interrupted. The eruption does not come out, fever is absent and the child gets well rapidly. But even if applied at a time when the skin is already covered with the eruption, then, after one or two applications, the temperature falls and the eruption pales and finally disappears altogether. In the course of four or five days the patient is entirely cured. To rub off the salve the child is given a warm bath.

Ice Bags in Pyrexia.—The continuous application of ice bags to combat high temperature has recently been enthusiastically recommended by Dr. Lockard. It is simpler and easier of application than such procedures as cold baths, packing and the like. The bags are applied to that portion of the body where the arteries are nearest to the skin, and the application is continued until the temperature becomes normal. The drawbacks to the employment of the ice bags are not to be compared with what we encounter when, for instance, using cold baths, for the patient need not leave his bed. The number of bags and their method of application will depend on the nature of the disease and the height of temperature. As soon as a fall of temperature is observed the number of bags must at once be diminished, and, in a general way, it must be observed that a sudden lowering of temperature must be guarded against. For fever of moderate degree four bags will suffice—thus in both armpits and the popliteal spaces; if fever runs high, then the bags to the nape of the neck, to the joints of hands and feet. In pneumonia, headache, pericarditis and arthritic affections the application is made over the affected part. The effect on the temperature is usually manifest in the course of one hour after the application of the bags, and if continued carelessly even subnormal temperature may take place.

* * *

Paralyses in Whooping Cough.—P. Horveno (British Medical Journal) records the results of a careful inquiry into this condition. Paralyses in whooping-cough are rare. They affect especially children below the age of five years, and show themselves only in serious cases. They may be divided into three classes: (1) Paralyses of cerebral origin, which are the most frequent, occurring in thirty-seven out of forty-six cases of paralysis. These may assume the form of coma or of apoplexy (Cazin), or be of the simple hemiplegic type (Rilliet and Barthez, Henoch), or may be complicated with Jacksonian epilepsy (J. Simon), or with facial paralysis (Neurath), or with athetosis (West, Rolleston). A cerebral paralysis from neoplasm is rare, and alternate hemi-

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plegia has been observed occasionally (Jake, Leroux). Certain patients may suffer from aphasia in its various forms, for example, the simple inability to give utterance to words (aphemia of Bastian), or there may be verbal blindness, or aphasia and hemiplegia combined (West, Guthrie). Finally, in some cases the organs of special sense are affected, and hemianopsia or even blindness are met with. (2) Paralyses of bulbar origin: The form assumed by these may be very variable. Sometimes there is a simple paraplegia, sometimes the clinical picture is such as to resemble that of Friedreich's disease or of disseminated sclerosis. (3) Paralyses of peripheral origin: A few such cases are known; for example, a case recorded by Surnay as suffering from pseudo-tabes, and one recorded by Mobius as generalized polyneuritis. The pathogenesis of paralytic "accidents" in whooping-cough may be traced to two general sets of causes; that is, infection on the one hand and effort on the other.

* * *

RESECTION OF THE PERINEAL NERVE FOR PAINFUL CYSTITIS.—At the meeting of the Asssociation of Urology held on October 20 M. Rochet read a paper on the above subject, says the Paris correspondent of the Lancet. Certain patients, he said, who suffer from urethro-cystitis accompanied by pain and difficulty in micturition are incapable of deriving any benefit from the various treatments tried. In certain particularly painful forms a cutting operation has been tried, but the benefit only lasts so long as the wound is unhealed. The burning and smarting pains from which these patients suffer are accompanied, as a rule, by spasms and an urgent and frequent desire to urinate. Micturition, however, is prevented by spasms of the perineal and peri-urethral muscles. In three cases of this kind M. Rochet has met with great succes by resecting the perineal branch of the internal pudic nerve on both sides. As this nerve supplies all the perineal muscles, both superficial and deep, its section does away with the spasm, while the pain and tenesmus disappear. The operation is quite harmless, but possibly somewhat delicate to perform. The internal pudic nerve is cut down upon as it passes out by the small sacro-sciatic notch, where it divides into the perineal branch and the dorsal nerve of the penis. The operator divides the former and leaves the latter alone (*on respectera*). This method opens a new way of treatment in case of painful cystitis of the neck of the bladder, and offers a last and most valuable resource in those cases where a perineal section has done no good or where the pains return after the fistula has been allowed to heal.

* * *

COCAINEIZATION OF THE SPINAL CORD. Bier (Philadelphia Medical Journal) reports the results of certain experiments undertaken to determine the practical utility of rendering large areas of the body anesthetic by injecting into the subdural space of the spinal cord, after the method of Quincke, minute quantities of cocaine. After the injection of one-twelfth to one-sixth of a grain he was enabled to perform certain major operations painlessly, such as resection of the ischium and resection of the knee and ankle joints. In several instances, however, untoward symptoms resulted, such as headache, nausea and vomiting, which persisted for several days. To estimate the gravity of these symptoms, Bier injected into himself and into Hildebrand one-twelfth of a grain of cocaine. Anesthesia developed in about five to ten minutes and lasted for nearly three-quarters of an hour, when sensation slowly returned. The after-effects, however, were severe in both instances, Bier being confined to bed for several days.

* * *

MENINGITIS MISTAKEN FOR PERITONITIS.—Zuppinger (Medical Age) relates a case of meningitis followed by death occurring during the treatment of esophageal stricture by bougies, in a 3½-year-old child. A few hours after one of these treatments the child was taken ill with symptoms of peritonitis, which caused Zuppinger to believe that he had produced a perforation. Twelve hours later the child died. The autopsy showed a purulent meningitis. The esophagus was uninjured.

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MARYLAND

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BALTIMORE, DECEMBER 16, 1899.

Vaccination in Puerto Rico.

DR. GEO. G. GROFF has in the *Medical News* of November 25 an interesting article entitled "Vaccinating a Nation." At the time of American occupation smallpox was endemic in the island. On January 27, 1899, the Governor-General ordered a general vaccination, and the history of the work done in pursuance of this order contains, besides the familiar features of public vaccination, some that are new and interesting. Previous experience has shown that effective virus could not be brought from the United States; so that it was necessary to start a "vaccine farm." At first all animals were tested with tuberculin, but no reactions were obtained, and it was concluded that tuberculosis does not occur among the unconfined cattle of Puerto Rico. The cattle were not stabled either before or after inoculation. The lymph was collected upon "points," dried, wrapped in bundles of one hundred, labeled and dated, and mailed daily to the vaccine stations. So far the procedure does not seem as safe or as likely to be effective as our own methods of propagating and distributing virus.

The field work was, however, decidedly superior to our home methods. Letters were sent to all the physicians and to all the alcaldes asking their co-operation. The people of the island have the excellent habit of obeying their alcaldes, so that an order to appear at a certain place on a certain day brought them out. The instructions to public vaccinators required them (1) to wear clean white clothing and to disinfect their hands before operation; (2) to scrub each subject's arm with soap and water and then with bichloride solution; (3) to use as scarifiers either needles kept in 1 to 40 carbolic solution (one vaccination only with each needle) or a lancet dipped in 1 to 20 carbolic solution and passed through an alcohol flame before vaccination; (4) to make two scarifications on each subject, the vaccine point to be wet with sterile water, rubbed thoroughly over the scarifications and allowed to dry thoroughly; (5) to visit every vaccinated person a second time, and either give a certificate or revaccinate, and (6) to report daily upon the work of the day and the needs of the morrow.

Every post surgeon was made an inspector of vaccination, and required to enforce the instructions to vaccinators, and to report daily to his director. The director, in his turn, reported weekly to the chief surgeon. In three working months 800,000 people were vaccinated at a cost of $32,000, and at the date of writing, October 20, Dr. Groff says that not a single case of smallpox was known to either the civil or military authorities in any part of the island. The work was accomplished without disturbance of any sort, though some natives had excuses to offer for not coming out promptly on the call of the alcalde.

If our superior virus were always employed, with the scrupulous technique practiced in Puerto Rico, the anti-vaccinationists would soon perish for want of modern instances. Municipal health authorities might also derive some advantage in the same direction by importing a few alcaldes.

* * *

Antityphoid Inoculations.

THE results of the preventive inoculation against typhoid fever, which are being now practiced upon British soldiers enlisted for tropical service, will be awaited with much interest. Meanwhile we are learning something of the immediate effects of these injections. Sir Dyce Duckworth, in the *British Medical Journal* of November 18, records his observations on the inoculation of a young man

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of twenty-four. The first inoculation produced in two hours a free flow of urine, a temperature of 99.4°, and in nine hours a slightly painful area of redness about the puncture. On the following morning the temperature was normal, and on the third day he was quite well. The second inoculation was done a week later, and the same symptoms, though less marked, followed. A week after the second inoculation the blood gave an "extremely vigorous" Widal reaction in a dilution of 1 to 200. It is advised that persons submitting to this inoculation should remain in bed for two days, and that subsequently at intervals of three or six months the agglutinative reaction should be tested, presumably for the purpose of determining the persistence or loss of immunity.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 9, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	22
Phthisis Pulmonalis	1	17
Measles	7	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	66	9
Mumps	..	..
Scarlet Fever	11	..
Varioloid	..	..
Varicella	13	..
Typhoid Fever	10	1

The Medical Society of Calvert County meets twice a year at Prince Frederick, on the second Tuesday of April and October. The officers are: President, Dr. Philip Briscoe, vice Dr. George H. Jones, deceased; Dr. Wm. Leitch, secretary, and Dr. Thos. M. Chaney, treasurer.

Dr. George A. Lankford, a graduate of the College of Physicians and Surgeons, Baltimore, and a practicing physician of Harrisburg, Texas, was killed by his wife on November 30. The remains were interred in the family burying ground near Pocomoke City, Md., on December 4.

A project of unusual value to consumptives is the establishment of a line of sanataria, or plantations, extending from Denver south, furnishing the necessary tools, implements and supplies for farming, gardening and ranging; giving a healthful employment to those compelled to seek this region and allowing them compensation for their labor. Capital and influence have been interested, markets for the products assured, and under the supervision of energy and ability definite arrangements are expected by the first of the year.

At a meeting of the Medical Society of Calvert county a committee, consisting of Drs. Estep Paddy, A. J. Williams and J. W. Leitch, was appointed to draft resolutions on the death of Dr. George H. Jones. The committee reported resolutions of sympathy and regret, with the following memoir: "Dr. George H. Jones was born in Calvert county August 19, 1845, and throughout his life was prominent in the affairs of his county, both political and social. He was educated at Springfield Hall and Charlotte Hall, and graduated in medicine from the University of Maryland in 1867. From that time until his death he had been in active practice, also engaged in farming and held a prominent place in the political affairs of the democratic party, of which he was a lifelong member. He was elected to the house of delegates in 1879, served as treasurer of the county from 1890 to 1896, and held various other responsible positions. At the time of his death he was president of the Medical Society of Calvert County and Worshipful Master of the Prince Frederick Lodge No. 142 A. F. and A. M."

The Doctor—"There is nothing serious the matter with Freddy, Mrs. Blakly. I think a little soap and water will do him as much good as anything."

Mrs. Blakly—"Yes, doctor; an' will I give it to him before or after meals?"

Aunt Geehaw (of Hay Corners)—"Did the story you were just readin' in the newspaper end happily, Joshua?"

Uncle Geehaw (approvingly)—"Gosh! Yes; the beautiful heroine got cured of an incurable disease, an' it tells the name an' price of the pills that did the trick!"—*Puck.*

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Washington Notes.

At the Therapeutic Society Saturday evening Dr. J. W. Chappell presented a paper on "Cirrhosis of the Liver," reporting cases.

Dr. John Hallius, a veteran of the civil war and a graduate of the Georgetown Medical School, died at his residence Sunday. He was born in this city fifty-six years ago.

Dr. Frederic H. Morphart, formerly resident physician of the Emergency Hospital, has been appointed contract surgeon, and will accompany troops to Manila at an early date.

A few new cases of smallpox have developed. The cases are light in form and few in number, but enough to keep the health department on the lookout and Dr. L. Elist employed at the hospital.

Druggist William L. Smith was fined $50 last week for selling poisons without observing proper precaution. The carbolic acid was sold to Agnes E. Bruseke, who afterward committed suicide by drinking it.

Dr. Jessie Sharp was essayist at the December meeting of the Washington Medical and Surgical Society. He chose for his subject "Serum Therapy of Tuberculosis," reporting several cases. Article will appear in the JOURNAL at an early date.

The citizens have taken up the matter of medical inspection of schools, and are becoming interested. A large gathering at the last meeting of the East Washington Citizens' Association listened to an interesting and instructive paper upon this subject presented by Dr. W. L. Robins.

At the Medical Society Wednesday evening Dr. F. A. R. Young presented a contribution to the diagnosis of diverticula in the lower part of the esophagus. Dr. W. W. Johnson presented a case of Addison's disease under treatment and improving by suprarenal extract. Dr. Burnett reported a series of cases of suppurative inflammation of the temperal bone. Dr. Belt reported the eye and ear work in the London hospitals.

Book Reviews.

THE PRACTICE OF OBSTETRICS BY AMERICAN AUTHORS. Edited by Charles Jewett, M.D. Philadelphia and New York: Lea Bros. & Co. 1899.

While not the work of a single individual, but a compilation of the ideas of the principal teachers of obstetrics in this country, nevertheless "The Practice of Obstetrics by American Authors" is a most thorough treatise on what can be spoken of as the obstetrics of today. As a text-book for the use of students the present volume is probably a little too large, for most of the subjects have been worked up in so complete a manner that one knowing little or nothing of obstetrics would be confused by technicalities and the stress that has been laid upon points of minor importance, but as a work of reference for the practicing obstetrician or teacher of obstetrics it leaves little to be desired.

Being written by a number of men, the character of the text is not as even as if it came from a single pen, and while we find some subjects considered in a most thorough and painstaking manner, there are others of which the same cannot be said. On the whole, however, the editor has chosen his men well, and the contrast of articles is by no means as marked as in some of the other similar text-books recently published.

Probably the best article in the book is that by Williams of Baltimore on "Puerperal Infection," as it is based upon a most thorough knowledge of the literature of this subject, together with the extensive research work done by the author himself. The chapter on "Version" by Davis of Philadelphia deserves special mention, as well as that on "Injuries to the Pelvic Floor" by Robb of Cleveland, and on the "Pathology of Labor" by Cameron and Webster of Montreal.

No work that is written by a number of authors can be an ideal one to put into the hands of the student for obvious reasons, but as a book of reference for one who wants to go most minutely into the subject the present volume holds a place among the best.

REPRINTS, ETC., RECEIVED.

Coca and Its Therapeutic Application. By Angelo Mariani. With illustrations. New York: J. N. Jaros.

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Original Articles.

THE FOOD PROBLEM OF INFANCY.

By A. K. Bond, M.D.,
Baltimore.

READ BEFORE THE MARYLAND PUBLIC HEALTH ASSOCIATION, NOVEMBER 22, 1899.

HAPPINESS and success in life, the ability rightly to work, to think, to enjoy, the power to resist disease-assaults depend in the long run, other things being equal, upon the vigor of the body-tissues; this vigor is determined by the quality and quantity of material furnished to the tissues by the circulating blood, and the blood absorbs its nutrition material from the digestive tract. As the intelligence of a community advances, therefore, we hear more and more about the necessity of securing a pure and wholesome food supply to grown folks who are in the midst of life's struggle. It is evident, however, that there is an earlier period of life at which the importance of a normal food supply is even more urgent than with adults. The nutrition of the infant not only determines its personal happiness and safety against disease, but, more than this, the infant builds the coming man or woman. Its digestive efforts, aided by its incessant muscular activities, are determining and fixing the type of tissue for bone, for blood-vessel, for brain, are shaping the body cavities and so delimiting the size of vital organs which will dominate the future of the individual mercilessly. Both reason and observation prove that (with due allowance for mental and moral race-capacity) the nation which presents a host of bouncing, firm-tissued babies will rule the coming generations of its rivals.

STARVATION.

In meeting the great food problem each infant must, at its advent into the world, face two destroying forces—starvation and poisoning. These two enemies assault it, sometimes singly, sometimes together. The number of infants who succumb to these assaults, taken with the number of those who are permanently enfeebled thereby, is beyond computation, a very small percentage of the children born in great cities wholly escaping them. Starvation of an infant by withholding all food is seldom seen, as it would excite public indignation and lead to prosecution for murder, and, indeed, we may believe that the wilful destruction of a child's life after birth is very rare in this community, but that more subtle form of starvation which follows the administration of indigestible food or an insufficiency of food, is endured by thousands of babies, parents and even physician being either careless or ignorant of the nature of the trouble. To the baby the only difference probably between these two methods of starvation is that the latter is far more protracted and painful than the former.

It is evident that not what is received into the stomach determines the nutrition of the infant, but what is absorbed from the digestive tract in a form suitable for tissue-building. We have all observed among adults large eaters, who never become strong, and over against them small eaters, who are models of health and vigor. So also is it in infancy. I have no hesitation in asserting that the milk of animals, and that all forms of manufactured food, are essentially and always in some degree unsuitable for the prolonged nourishment of the growing infant. It will be claimed that babies do thrive on the bottle and grow to strength. This is

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undoubtedly true. But every pediatric expert knows that the elements of cow's milk or of manufactured foods can never be brought to the ideal for the infant; that there is always, when taking them, an unnatural strain upon its digestive organs and functions. It is a common experience that, even with the utmost care, the wealthiest and most intelligent mother must anticipate greater trouble if the baby is a bottle-baby. Among poorer and less intelligent people the sufferings of such a child from indigestion, and the worry which its digestive ailments cause to the mother, often reach the very limit of endurance.

Even when such infants do not manifest alarming disease in the digestive organs, the observant eye may detect signs of innutrition on every hand. How often is the intimate visitor entertained with an account of the insatiable hunger of the baby, of its restlessness and cries the whole night through, of the wonderful power of some patent anodyne which has to be repeatedly administered. What would be thought of the dietary wisdom of an adult who, after eating, always tossed for hours with colic, or who had to be jolted or drugged into quietude after each meal? Yet these occurrences are considered almost essential to the bottle-fed infant's existence, and mothers actually ascribe its tortures to innate "badness" or "crossness," as if the child, and not its food, were at fault!

Such dietary struggles must, if prolonged, necessarily leave their impress for evil upon the child, entailing frailty of body, life-long digestive feebleness, special liability to acute disease in the worst cases, and, in milder cases, simply bringing the little being short of its life-ideal, or in some subtle way enfeebling it. The custom, lately introduced, of daily weighing the baby in early months with delicate scales, and keeping a careful chart of its weight-increase, as compared with a standard increment-line averaged from many healthy infants, has given us an additional method for estimating the progressive nutrition of the baby. Failure to conform to the standard of increase suggests that the nutrition may be defective (if no other cause is apparent), and it is alleged that a sudden falling off in weight will sometimes give warning several days beforehand of an approaching illness. We have strong reasons for believing that consumption, which is (so rarely that we may say) never inborn, even in the children of consumptives, may be warded off (with other precautions) by special attention from birth to the infant's nutrition; at any rate, many who are consumptive in after life have from infancy had the feeble bodily frames and capricious appetites so evidently due to imperfect digestive processes.

RICKETS AND SCURVY.

There are two nutrition-diseases of infants—one long known to physicians and to the laity, the other but recently studied out and still, in many cases, escaping recognition—which are largely due to unwholesome feeding. The former, commonly known as rickets, affects a very large number of city children, chiefly among the poor, but also, in obscurer form, occasionally among the rich. The baby with contracted chest, enormous abdomen and perhaps crooked limbs should be an object of concern to the community, not that the child is at fault, but that his cruel defect in growth is due to slow starvation. He gets plenty to eat, and eats it voraciously, but it merely accumulates and ferments in his digestive tract, being unsuitable for his nourishment. This disease runs its course within two years, but leaves behind it in many cases a stunted frame and deformities of the bony walls of the body cavities, which throughout life increase the danger from lung diseases, and in the adult woman prove to be one of the most fruitful causes of the deaths or invalidisms that attend maternity. The disease is therefore one which ought to arrest the attention of everyone interested in public health.

The second nutrition-disease referred to is scurvy. This, unlike rickets, is found as frequently in the palaces of the rich as in the hovels of the poor. The fact is surprising that, although thoughtful physicians have for centuries been observing sick children, and although scurvy has all the while been familiar as a disease which attacked seamen and jail inmates who had stint of fresh food, yet it was not until

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about fifteen years ago clearly recognized in the infant. Even today there must be hundreds of babies in this land of civilization showing the obscure symptoms found in infancy of the scurvy-starvation, yet receiving month after month domestic and even professional treatment utterly useless for supposed ailments of which it has not a trace. In the mildest cases the infant simply loses power in his lower limbs. If he has walked, he ceases to walk; if he has not walked, he no longer enjoys moving and kicking his legs as formerly. His every bone being exquisitely sensitive, he prefers to lie perfectly still, screaming piteously whenever he is moved or even thinks the mother is about to touch him. Even in her arms he may wail until she puts him down again. These may be the only signs of the disease observed, the bone-swellings, blue spots and hemorrhages of adult scurvy being in many cases altogether absent in infant patients. The doctor whose text-books on diseases of children date back ten or fifteen years still treats these little unfortunates month after month for "rheumatism," "paresis," "spinal paralysis," etc., until death or a change in diet brings relief.

Only infants nourished fully by healthy mothers are wholly safe from the disease. It arises from long-existing deficiency in some of the nutritive elements of food, or from that mysterious condition which we term "lack of freshness" in the food. The addition of a little orange juice daily, with change to a diet of fresh milk, fresh beef juice, etc., will often work wonders in a few days, but for complete cure the guidance of a physician is desirable. The fact that such a grave disease as scurvy, arising from nutrition-fault, may establish itself in an infant from such a simple nutrition-loss as may be replaced by orange juice, and without the slightest symptom pointing to indegestion being observed, renders careful physicians all the more suspicious of any departure whatever from the natural diet of infants. The subjects of both rickets and scurvy may maintain an abundance of soft flesh, which is apparently incompatible with slow starvation.

I do not wish to be understood as joining in the unwise effort made in some quarters toward banishing all prepared infant foods from the market. Fresh cow's milk is doubtless the most satisfactory of all substitute foods for long administration, adjusted as far as possible by scientific and common-sense considerations to the special case in hand. The manufactured foods or home preparations have, however, many times proven themselves of inestimable value in the saving of life and the upbuilding of health where milk is undigested or insufficient for the child's needs. There is no reason to believe that facts abundantly demonstrated in the past will not be demonstrable in the future. The prolonged use of these preparations is certainly, however, to be permitted with reluctance and watched with care.

POISONING.

Rapid or slow poisoning of the baby by its food is known to all pediatrists as one of the most frequent causes of disease and death in these little patients. Rapid poisoning is most vividly represented in the cholera infantum and other violent "summer complaints." Occasionally these start with the administration of bits of indigestible table food to the baby by its fond parents. Usually they are due to unwholesome changes in the milk which forms the child's regular diet. The importance of this truth is attested by the fact that some of our best writers of recent text-books on diseases of children substitute for the old-time terms "summer complaint," "dyspepsia," "acute entero-colitis," the much more significant title of "acute milk poisoning," and follow up this proposition by the suggestion that in the treatment of these diseases milk be absolutely withdrawn from the diet for a time until the old decomposing milk residues shall have been cleared away and the digestive tract shall have regained its tone. This method of treatment is probably the greatest advance that has been made during the present generation in the management of these summer complaints, and when applied early enough undoubtedly saves very many lives.

Chronic milk poisoning is seen in many of the more protracted cases of ill-health and "bad temper" among bottle-fed babies.

In this connection it is gratifying to learn through the daily press that our city

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health department is again inspecting our city milk supplies and condemning that which is found unwholesome. Some years ago a rigid inspection was undertaken, and many cans of milk were emptied into the gutters by the inspectors. It is a matter of regret that supervision so necessary to the protection of city infants should be from time to time relaxed on the ground that the city cannot afford to pay the inspectors. Many of our dairies are above suspicion, but many others should be watched without intermission. Impure water may be rendered somewhat more safe by boiling, but there is no known method by which impure milk can be rendered wholesome and nutritious, as the hour-long boiling by which water is disinfected would seriously lessen the digestibility of the milk. Much education of the public mind upon these topics is still needed, for only in this way can the proper laws and the proper expenditure be secured for the safeguarding of the infant's main source of nutriment. The keeping of milch cows closely housed in built-up sections of our city and the sale of their milk to city mothers is, I believe, still permitted in Baltimore. Any dairyman knows that such cattle are especially liable to disease, and that their milk must often, if not always, be below a wholesome standard. If they adjust the milk for a particular child it should be done only under the direction of that child's physician.

It need hardly be stated that as starvation and poisoning may both occur in an infant at the same time, it is often impossible to tell just how much of the infant's failure in health may be due to the one and how much to the other.

MOVING IN A CIRCLE.

The effort to artificially nurture the infant has passed through many exceedingly interesting phases, moving evidently in a circle to its starting point, where it has just arrived. A brief review of this extraordinary cycle is therefore not out of place in this article. Of old the raw milk of various animals was used, that of the cow being finally accepted as the most convenient. It served fairly well for the robust children of country districts and small towns. Delicate children, however, as those of the great cities, had not the power to digest it satisfactorily, and numerous plans for adapting it to their needs were introduced. Lime water was added to correct its acidity; to prevent large curds in the stomach, easily-digestible and nutritious "gummy things" were added to it, as barley water, toasted cracker dust, the powdered core of a ball of flour long boiled, arrowroot, gelatine, etc.; later, predigestion of the milk by pepsin, malt and other ferments was much lauded. Great manufacturing firms took up these ideas as they were successively advanced and flooded the markets with ideal infant foods and "humanized" milk preparations of more or less value to the babe. They furnished, too, many brands of evaporated milk, very convenient to the mother and supposed to be especially pure because derived from choice herds in healthful mountain districts. These firms spent much honest thought and labor on the subject, adding dried fruit and even bone dust in the effort to meet infant needs. Then the germ-theory of disease-causation arose, giving an enormous impulse to the study and throwing wonderful light upon the origin and progress of many human ailments. It was discovered that countless micro-organisms swarmed in contaminated milk and in the ill-digested milk residues of summer complaints. It was believed that these diseases were initiated by the ingestion of milk infected by micro-organisms of disease, and that if all milk given were sterilized by boiling, infants would not have summer complaints. I verily thought for a time that we had solved the problem of artificial infant-feeding. But, alas! this dream was soon dispelled. Experience soon showed that long-boiled milk was unwholesome, and the process of Pasteurization at a lower temperature was substituted. But this required expensive thermometers and elaborate precautions which put it out of the reach of the poor. Then Professor Rotch of Boston put forth the theory that raw cow's milk owed its indigestibility in infants to the unwholesome proportion of its ingredients, and held that by centrifugalizing off the cream and recombining the milk with its cream, with a milk-sugar solution and with lime water according to most intricately worked out formulas, and Pasteurizing, it could be made to

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agree with any infant and to meet alone the whole situation. This process being very expensive, a glass measure, graduated for each of these ingredients, was invented, so that mothers might "modify" the milk at home for their babies. Then physicians began to modify according to their own ideas the modifications of Rotch, and the prestige of this method was lessened.

Now we are going back to simple cow's milk, our grandparents' method. From the cycle of effort just described we have learned to add lime water (one-twentieth part), to take somewhat more of the upper creamy part of the milk for the sake of the fat, and with the possibly impure milk of cities to urge Pasteurization upon well-to-do mothers. We have learned in case of the mildest indigestion to lessen first one and then another of the ingredients of the nursing bottle (as represented by the skimmed milk, the creamy layer and the sugar), until something is obtained upon which the infant can gain in health and weight.

OTHER POSSIBLE MODIFICATIONS.

Still the ideal is not reached. Many a baby lies awake all night weeping because he was not born a calf! If we could only modify that baby! Or, one other possibility, cannot we modify the mother into a healthy woman? Our work on the cow's milk having gone round the circle to its original starting place, and the baby remaining obstinate, it really seems possible that the next effort to solve the great food problem of infancy may be along the line of radical modification in our ideas concerning the physical education of those who will preside over the silent meditations of infancy in the coming century (I had written "rock their cradles," but I remember that the cradle and its lullaby are now forbidden, because of their injurious effect upon the nervous system of the baby).

To one who, like myself, has come to the conclusion that the vaunted education of our growing girls has been founded on a fearful mistake, it is pleasant to observe the recent tendency toward simplification of studies and promotion of outdoor athletics in the schools of the wealthy. Such bold expressions of opinion as we find in a recent address of the president of the Woman's College of Baltimore, added to the humbler protests of writers like Carisabel, give us hope that our schoolgirls will no longer be driven to cutting classes and decoying teachers into unprofitable disquisitions in order to save themselves from excessive brain work. We look forward to the time when these enlightened ideas of education shall be extended to the public-school system of our cities, where far more extensive injury is being inflicted on those who will be the mothers of our future community.

It is, I believe, the duty and privilege of every member of the Maryland Health Association to become informed upon this great question of the education of city girls, and (since I can believe that but one view is tenable by any intelligent student of the subject) to stand up on all occasions for a lighter and more sensible public-school curriculum and for the promotion in and out of doors of health-giving and muscle-nourishing habits suited to girlish needs and powers. The establishment of recreation grounds in our parks and in the suburbs for those who can afford to support them on an expensive scale should be followed by the offering of similar opportunities to the young folk of poorer city districts, including the institution of an afternoon holiday some time in the week for working-girls. There should be also an enclosed playground for girls in every block of crowded poorer sections, replacing some unsanitary dwelling or cut out of neglected back yards. The objection urged that back yards could not be used, because they are now and always will remain repulsive and injurious to health, appeals strongly to the funny-center in the brain of a true sanitarian. I hold that the replacement of a portion of each of the filthy back yards in a poor-man's block by a neatly-kept playground for his girls who have, in many cases nowadays, either to learn wickedness on the street or to grow up unhealthy in their home, would be an improvement worthy of the highest philanthropy. The sound of merry voices on the roof of the private school next my dwelling leads me to hope, too, that public schools of crowded sec-

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tions will in the future be arranged with roof playgrounds, whither the classes of girls may escape from time to time during school hours for games and fresh air, which cannot be equally obtained in the narrow and often damp school-yards, which are better adapted for boys' sports.

On certain occasions when I have presented in private to my friends such views as I have now offered you I have been met by the statement that women perpetuated these false methods of girl-education, not from indifference or from blind subservience to custom, but because they did not know the facts, and that it was the fault of the medical profession, who did not instruct them on these vital subjects. I hope, therefore, that you will have borne with me in my appeal, and that you will take my words as the expression of a solicitude which is in many a physician's heart, as he is compelled to give drugs, under mental protest, for perfectly avoidable disease, as he is asked for anodynes to still the sufferings of accomplished young women with defective physical development, as he watches some bow-legged little creature waddling under a pile of books to the unwholesome schoolroom where he is being "educated," as he patiently listens in dispensary to the pitiful wailings of some slowly-starving, food-poisoned infant. The prophet has been of ill-repute in all generations, and too many physicians learn in time to smother in their own hearts the burning protest and to take things as they are, to dose and pocket the fee, to utter some time-honored platitude, and to let the world go its own chosen way of needless misery and thoughtless cruelty.

The task of arousing the public to these needs of childhood is indeed appalling, yet no worker need doubt that in time it will be accomplished. Is not deliberate child-murder disappearing even in heathen lands, although it still lingers in our own respectable community in its more subtle form? Have not civilized countries learned only recently that deforming labor of children in factories and mines is not necessary to the survival of these great industries? Are we not awakening very slowly to the folly and criminality of condemning child-lawbreakers of tender age to the companionship of experienced criminals, who quickly make them acquainted with hitherto undreamed-of aspects of vice and crime? There is hope, therefore, that in course of time the minds of educators will open to the truth, that children differ not only in age, but in sex, and that in the school education of our girls they are dealing with a physical nature as wonderful and delicate as the structure of the mind itself, the disregard of which physical nature may not only blight the pupil's own adult life, but may later condemn her children to suffering and degeneracy.

Society Reports.

THE UNIVERSITY OF MARYLAND MEDICAL SOCIETY.

MEETING HELD TUESDAY, NOVEMBER 21, 1899.

DR. L. MCLANE TIFFANY: "Exhibition of Cases of Stomach Surgery."

There are fortunately two of my patients in the hospital who have recently undergone operation for disease of the stomach, and, while one is down-stairs, not able to come up, yet the present patient is quite well enough to come before the society.

This patient, aged forty-one, suffered the ordinary symptoms of pyloric stenosis. He was treated at home by his physicians, who failed to relieve him. There was the ordinary history of retention in his stomach of food, with vomiting at first every day or two, and then two or three times a day. Examination of the stomach contents showed: Total acidity, 38; no free hydrochloric acid; combined acid, none; lactic acid present in small amount. Microscopical examination showed starch granules, muscle fibers, vegetable cells and the Oppler-Boas bacillus.

The history runs back eighteen months, with progressive stenosis apparent; the intervals between the vomiting diminished. No tumor was palpable.

On operation there was found to be a cicatrix about one inch in diameter and about one inch from the pylorus. The stomach towards the pylorus was puckered in, so that a fine director could pass, but nothing larger. In the gastro-hepatic omentum some small nodules were felt.

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It was considered that pylorectomy was contraindicated on this account, and so a pyloro-plastic operation was done. This operation makes of the stomach and small bowel one continuous viscus. Three fingers can pass freely from the stomach to the small intestine.

The patient has had no reaction from the operation. He is here now after two weeks, and you see the scar about four inches long in the median line. He has had no vomiting since the operation and no trouble after eating. Everything has healed and he can go home this week.

The patient was Dr. Chew's, and he may say something in regard to his condition before I saw him. As to the etiology, he had had a little bloody vomiting sometime in the past. He probably had an ulcer at that time. It healed and left a scar, and the cicatrix in contracting not only drew in the wall of the stomach, but puckered up the pylorus. At operation the scar was one inch across, and that would represent a very large ulcer at the time it was in full bloom. As to the prognosis, if his stenosis was due simply to the contracted scar of a healed ulcer, he is well, but that which makes his condition doubtful is that a simple cicatrix would not give rise to the small, shot-like nodules in the omentum, nor does a healthy stomach. What I fear, and what seems, I am sorry to say, likely, is that his history is of ulcer of the stomach, with cicatrix and subsequent degeneration of the cicatrix into an epithelioma. That would account for the nodules in the omentum. But I am not able to say that I recognized an epithelioma. What was lacking was a section from the thickened tissue. That would not have changed the operation at all. It would only have enabled one to speak more surely of the prognosis.

Dr. Chew: The points I had in my mind are covered by what Professor Tiffany has said. The patient was sent to me from out of the city two years ago, in February, 1898, at which time he had the symptoms of a gastric ulcer. He had more or less constant pain, aggravated by taking food; occasional vomiting of blood, though not profuse; no palpable tumor. Under treatment, which, of course, was mainly dietetic, he improved to such a degree that he went home. I take it that at that time the ulcer had undergone healing to some degree, and for a time he was quite well, but what was to be expected took place—cicatricial contraction, with impairment of the lumen of the pylorus—and he came to me again, and on examination then it was apparent that his food was almost indefinitely retained in the stomach, and that very little food passed through the pyloric orifice. Under these circumstances I concluded that medicine would do no good, and referred him to Dr. Tiffany. The ultimate future of the patient is, of course, a matter of uncertainty.

Dr. Tiffany: The other patient whom I have to speak of is a patient who came from the western part of the State. He is aged fifty-three, a merchant, a well-nourished man. It was apparent that he was suffering from progressive stenosis of the pylorus. The history of the other patient applies also to this one, and the examination in the laboratory was almost identical. But in this man there was recognized by his physician a distinct, movable tumor, centrally situated, which rose and fell in respiration, and which could be mapped out without difficulty, and on forced respiration was forced down and could be held down. The stomach was blown up with the tube, and the growth was found to be a part of the stomach. A diagnosis of carcinoma was made.

On operation there was found an extremely large pyloric cancer, one end of which extended about four inches along the greater curvature of the stomach. The gastro-hepatic omentum as well as the greater omentum had a number of nodules in it, some small, but one or two about the size of small marbles, and there were a couple at the side of the aorta. Since nothing would give permanent cure it was deemed best to give him an artificial opening from the stomach into the small intestine, and that I did by bringing up the small intestine and uniting it to the posterior gastric wall. The attachment is made to the posterior wall, because the full stomach turns on its long axis, bringing the larger border up anteriorly. If the connection be made to the anterior wall the stomach is full and does not empty itself. When the bowel is attached to the posterior wall the opening is at the

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bottom of the pouch when filled with a comfortable meal.

For the first twenty-four hours after operation there was considerable pain; during the next twenty-four hours less, and now, after four days, he has no pain. I have given him no food by the mouth. He now expresses himself as hungry. His temperature is one-fifth of a degree above normal, his pulse 70, respiration 18, so that we can say he is practically out of the woods. Digestion will now go on in the stomach to but a small degree, for the viscus has become simply a sac, with a hole in the bottom, and everything passes immediately out into the jejunum.

SPECIMENS FROM A GASTRO-JEJUNOTOMY.

Here are the stomach and bowels of a person on whom I did a gastro-jejunotomy last year. He went on extremely well for eight or ten days, when an embolus formed in the right femoral artery. After that passed away he got an embolus in his left femoral artery. He was an aged man, with atheromatous arteries, and he was unable to survive his second accident.

Dr. Kennard: "Acute Tuberculosis of the Kidney."

This man came from Westminster. He had been sick for some time, complaining first of pain in his bladder and of frequent micturition. He went to a doctor, who said he had cystitis, and who irrigated his bladder. About eight months later he went to another doctor, who examined his urine, and, finding it full of pus, decided that he had pyelitis. When he came here his kidney was found to be large and palpable, and Dr. Martin did a nephrotomy. Pus was found in the organ and cultures were taken, but no organisms were found. The man was put to bed for about three weeks. At this time he had to pass his urine very frequently. The daily amount was much less than normal—fourteen to twenty ounces in the twenty-four hours. His temperature went up and down without apparent cause, and something else than pyelitis was suspected. The man went home, but soon came back again. A section made from the kidney and examined by Dr. Latane showed it to be tubercular kidney, and a nephrectomy was done. I have the kidney here, which shows the abscess.

Since the removal of the organ the man has been doing very well; has gained in weight, passes more urine and does not have to micturate so frequently.

Dr. Hirsch: Any pus in his urine since the operation?

Dr. Kennard: There is still some pus, and an examination is now being made to ascertain if there are any tubercle bacilli. Dr. Latane has not been able to find any by staining sediment, and is going to inject guinea-pigs.

The most interesting point in connection with such cases is that where you have a primary tuberculosis of the kidney, and remove the focus of trouble, many of the patients recover completely and permanently. One of Dr. Martin's cases operated upon more than two years ago is entirely cured. The infection is usually unilateral.

Dr. S. C. Chew: "A Case of Acute Miliary Tuberculosis."

I speak from a clinical standpoint of this case of acute miliary tuberculosis, but it is of more interest from a pathological view and for the diagnostic methods employed.

When the patient was brought into the hospital on the 5th of October he had a temperature of 101°-104°, without any of the regular curves. It was possible to reach a diagnosis only by the method of exclusion, because the direct methods were in this case not applicable. Although the patient was harassed by cough, it was not found possible to obtain any expectorated matter for examination. He had what was apparently a tubercular testicle. There was a fistulous opening from the scrotum to the testicle, but no discharge from that. When formerly present in the house he had refused to have the organ extirpated.

Typhoid was excluded by the character of the fever, absence of diarrhea and of rose-spots and by a negative result of the Widal test on every occasion in which it was tried. As to malaria, he yielded not at all to quinine, and at no time did the blood show the malarial parasite, so that could be set aside also.

One auscultatory sign pointed to lung trouble; there was dullness on the right side of the chest and some impairment of

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resonance on the left side. There were bronchial rales in abundance. Vocal fremitis was marked. Aided by these conditions, but based mainly upon the method of exclusion, we were led to believe that the patient was laboring under acute, advanced miliary tuberculosis, and it, of course, followed that the patient was inevitably doomed.

As to the production of acute miliary tuberculosis, it used to be held that it was due to the individual becoming suddenly enveloped in a large cloud of tubercle bacilli, whereas we now believe that it may be due to only a few of the bacilli which find a favorable nidus in some organ of the body, and then that a vein, being ulcerated into, carries the infection throughout the body, or that the ulceration may open into the thoracic duct and so convey the bacilli in every direction.

It seems highly probable that in this case there was a starting point of that kind in the testicle.

As has been said, acute miliary tuberculosis is a dissemination of tubercles through the entire system by the entrance of the tubercle bacilli into the blood-current. The most frequent source is probably direct ulceration into a pulmonary vein. In this way you have the bacilli thrown right into the blood-current and large numbers of them washed into the viscera, so that you find the liver, kidneys, spleen and lung peppered with these minute tubercles. Another means of dissemination is the entrance of bacilli into the thoracic duct and thence to the blood-stream, by which they are carried throughout the body.

One cause of an acute miliary tuberculosis may be a tuberculous testicle, and I think this case is to be explained in that way. This old caseous nodule, which I will pass around, had existed for a year or more. As time went on this tuberculous process extended into the veins surrounding the epididymis, and the bacilli were washed into the spermatic veins and thence into the general blood-current. They lodged first and in greatest number in the lung, and the lung shows a great number of tubercles. Then, of course, they were deposited in the liver, kidneys, spleen and other viscera.

This first specimen is the local tuberculosis of the epididymis. The next shows great numbers of these minute tubercles. all over the surface of the lung. The other organs also show numerous tubercles. They show more plainly in the kidney than in any other specimen except the lung. Here you will simply find the surface dotted with little grayish points, with hemorrhagic areas around them.

The President, Dr. Miles: Was it not possible to find the bacilli in the blood?

Dr. Stokes: That has been done, but it is a very laborious process. Men have been patient enough to find them, but it requires the staining of a great many slides, and often then the investigator is not rewarded, so that the hunt for tubercle bacilli in the blood is by no means a practical method of diagnosis.

Dr. Mitchell: I should like to ask if it was the right epididymis involved in this case.

Dr. Stokes: Yes.

Dr. Robert Reuling: An important thing is the condition of the blood, as shown by differential blood-counts. Of course, you are all familiar with the fact that tuberculosis, and especially miliary tuberculosis, is attended by leucocytosis. It is found that in typhoid fever the lymphocytes are increased, but in miliary tuberculosis there is an increase of the polynuclear leucocytes.

Dr. Latane: As regards the failure to find the bacilli in the sputum, I wish to say that unless there is a primary tuberculosis of the lungs the probability is that no bacilli will be found in the sputum. Either there is no expectoration, or the bacilli are not present in the sputum, so that a negative examination would not exclude miliary tuberculosis at all. Where the primary focus is in the lung you should find them, but not otherwise.

Dr. Chew: The most important practical lesson to be derived is that if at the first suspicion that the trouble was tubercular the infected organ had been extirpated the patient might have been saved, or, at least, the issue would have been postponed.

Dr. Randolph Winslow: "A Case of Appendicitis."

I wish to exhibit a girl who is convales-

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cing from an operation for appendicitis, which, of course, of itself would not be a justification for the time and trouble of bringing her before you, but I want to speak of the nature of the operation done. This girl arrived in Baltimore from the country yesterday a week ago. She had been sick then for two weeks, with the usual symptoms of appendicitis. When she came in a week ago I found outlined on her abdomen a mass perhaps as large as my fist elevating the abdominal wall. It could be recognized at once as a large abscess. An operation was performed at once, and you see the incision here along the margin of the right rectus muscle. I cut down to the peritoneal cavity and exposed the cecum. The peritoneum was smooth, no peritonitis and no pus visible. The right margin of the cecum was adherent, and it could be recognized by touch that there was pus behind the cecum. The point I wish to bring out is this: You see the incision above here has healed entirely, and below you see an opening packed with gauze. Knowing that the peritoneum would be contaminated if I opened the abscess through the first incision, I cross-cut the incision, and that enabled me to get down to the bottom of the cavity. The adhesions were then broken up, the pus evacuated and the cavity wiped out and packed with gauze. This opening leads into the pus cavity. Knowing that I had to do with much pus, I made a free incision to enable me to get to the inner side of the pus cavity, believing that it could be packed off and the peritoneum saved from contamination.

The temperature fell at once after the operation. She has no peritonitis, and is not sore at all.

Dr. Frank Martin: "A Case of Pancreatic Cyst" (to be published later).

AN EPIDEMIC OF MUMPS.—An epidemic of mumps, in which the submaxillary glands were principally affected, was observed by Hoppe (Medical Age). It has been noticed, says the writer, sometimes in medical literature that the cause of mumps existed by preferment in the submaxillary glands, and that the parotid was only secondarily affected, and sometimes not at all.

Correspondence.

THE IMPORTANCE OF PROPER VACCINATION.

Editor of the Maryland Medical Journal:

At the Garrett Hospital Dispensary for Children numerous patients present themselves with large, flat, flabby granulating surfaces on their arms following vaccination. This state of things I believe to be entirely unnecessary, and the result of impure virus or faulty methods. We never see it after our own vaccinations on the same class of children. The reason may be that—1. We scrub the arm with green soap and water before vaccination. 2. The instrument (a thin lancet) is perfectly clean, and the virus is the best that can be obtained. 3. We make numerous small punctures into the stretched skin, the lancet point being covered with the virus, which is afterward stroked into the punctures and allowed to dry perfectly before the child draws down the undergarment sleeve. 4. The child is always seen once or twice afterward, and the resulting vesicle is suitably protected from friction and infection by boric or zinc ointment on surgeons' lint. So important is the proper performance of vaccination considered in England that no one is allowed to go up for any of the examinations of the Royal College of Surgeons until he has produced a certificate from one of the skillful public vaccinators that he is thoroughly competent in the matter of vaccination.

Personally, I have never observed a bad result after a vaccination correctly done and properly treated afterward. I believe that it would be much better for the taxpayer's pocket as well as for the welfare of the community to have one public vaccinator for every 100,000 of our population, who should attend solely to the very important duty of seeing that every person residing in his district has been properly vaccinated. For this he should receive a good compensation and a permanent position.

W. B. PLATT, M.D.

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Medical Progress.

TREATMENT OF PNEUMONIA.—Dr. Andrew H. Smith publishes an article in Medical News, December 16, on this subject. He believes that pneumonia is not an inflammation of the lung proper, but an exudative process like the characteristic product of the diphtheria bacillus in the pharynx, and that its effects are chiefly mechanical, or dependent rather upon the multiplication of bacteria than upon their biochemical energy. He, therefore, believes that the bacterium should be attacked, and guided by well-known facts concerning the sensitiveness of the pneumococcus to slight modifications of culture media, he is led to rely largely upon the internal administration of creosote, which, he says, being eliminated by the lungs, stops the growth of bacteria, cuts short the process of hepatization and brings an early crisis. He prefers creosote or some of its derivatives, as guaiacol or creosote carbonate, to the salicylates or chloroform or any of the remedies which have been supposed to act upon the bacillus or its toxin. He does not recommend this remedy in any other form of lung infection than pneumococcus pneumonia.

Fritz Holscher (Tageblatt f. d. Kongress zur Bekampf der Tuberculon., abstract in American Journal of the Medical Sciences) recommends creosote carbonate in the treatment of all acute and chronic diseases of the respiratory tract depending upon infection. He says that in pneumonia crisis may be brought about and all physical signs may be caused to disappear in twenty-four hours by large doses of guaiacol or of carbonate of creosote.

* * *

REMOVAL OF TONSIL AND ADENOID FOLLOWED BY FATAL RESULT.—J. A. Stucky relates this case in the Journal of Eye, Ear and Throat Diseases, and says: The patient was a boy of fifteen years, who had been in bad health for two months previous to the operation, having suffered from la grippe and quinsy. When seen by Dr. Stucky he was pale and hectic, very weak, with temperature elevated. The left tonsil was enormously enlarged, with its crypts full of offensive pus. The pharynx contained adenoids. There was no active inflammatory condition present. The diagnosis made was of general septicemia due to auto-toxemia. The patient was chloroformed and the tonsil removed with the tonsillotome, the adenoids with Gottstein's curette. Hemorrhage was rather more profuse than usual. Two hours after the operation very copious hemorrhage occurred, with symptoms of collapse. Examination after cleansing revealed no bleeding point, but very general venous oozing. This was soon checked, but, in spite of transfusion, accompanied by vigorous simulation, the patient died nine hours after the operation. Dr. Stucky concludes that death was due to the boy's septic and exhausted condition, not to the anesthetic, nor directly to the hemorrhage.

* * *

A CASE OF CIRRHOSIS OF THE LIVER WITH SEVERE ANEMIA.—A case of cirrhosis of the liver with severe anemia is reported by Hoke (Medical Age). The anemia was the principal symptom during the whole course of the disease, and at the same time the first noticed. The case was evidently not one of the so-called "Bantische Krankheit," as might have been supposed from the similarity of the symptoms minus the tumor of the pancreas, and where the anemia in that sickness is not so severe as in that of the patient of Hoke. In this individual the number of red-blood corpuscles was greatly reduced, and the hemiglobin diminished 20 per cent.

* * *

DANGER OF THE MENOPAUSE.—In the American Gynecological and Obstetrical Journal Dr. Anna M. Gulbraith asks if the danger of the menopause is natural or acquired. As the result of a long physiological and statistical study she says that if gynecologists should watch women as carefully through the menopause as obstetricians now watch women through pregnancy that even to that class of women liable to suffer much of the sufferings and many of the dangers would be averted, and the woman would be prepared to enjoy a healthy and useful post-climacteric period of life.

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Prompt Diagnosis of Smallpox.

WITHIN the past year smallpox has occurred at nine different points in Maryland ouside of Baltimore, and in no instance was a private practitioner or a local health officer betrayed into error of diagnosis. Consequently no outbreak has made headway under cover, nor done serious injury in any locality. Of those physicians who were confronted by the eight initial cases not one had ever before seen smallpox. It was not to be expected that the diagnosis would be made with confidence, but in admitting their doubts, and in protecting public health pending the resolution of those doubts, the Maryland practitioners showed courage and good sense in most creditable contrast with the behavior of some of their fellow-craftsmen in other States under similar circumstances. No medical man in this State has so far committed himself to a diagnosis of epidemic chicken-pox, the unpardonable blunder which has contributed more than any other agency to the recent epidemicity of smallpox in the United States. No outbreak of smallpox can reach serious proportions through this error if medical men who have no first-hand knowledge of the disease will bear in mind one fact which their experience should have taught them concerning chicken-pox. Among adults, especially among adult negroes, most especially in a grown negro of a migratory class, the occurrence of chicken-pox is rare, very rare, almost incredible. This consideration alone will suffice for the exclusion of chicken-pox, and after that the diagnosis of smallpox will depend upon:

1st. Invasion symptoms lasting longer than twenty-four hours, and varying in character from mere malaise to the classical prodromal phenomena.

2d. An eruption, palpable before it shows local color, choosing preferably exposed surfaces, but likely to be found anywhere, on the palms and soles, in the mouth or on the conjunctiva.

3d. Fall of temperature, or even a sense of perfectly restored comfort, when the eruption appears.

4th. Umbilication, whether observed in one or two or in many vesicles.

5th. Rise of temperature when the eruption "matures." This symptom is strongly diagnostic when present, but its absence is not negative evidence, since the "secondary fever" is not an effect of the variolous infection, but of subsequent invaders.

6th. The separation of crusts, leaving visible, depressed, persistent scars.

* * *

Cerebro-Spinal Meningitis Complicating Measles.

FRANK R. ENGLAND, in the *Montreal Medical Journal* of November, 1899, reports the case of a child, aged six years, who, four days after the onset of measles, developed the clinical symptoms of cerebro-spinal meningitis, and died in convulsions thirty-eight hours later. Both scarlatina and measles had been present in the house for several weeks before this child was attacked, but he had escaped the scarlatinal infection. Before the first convulsion seized him his left nostril was observed to be occluded by a membranous exudate. A culture taken from the nose two hours before death, and studied by Dr. Ross of the Royal Victoria Hospital, showed an organism corresponding in every respect to the meningo-

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coccus of Weichselbaum. There was neither a lumbar puncture nor an autopsy. Two other children having measles at the same time with this patient had also membranous rhinitis, which persisted in spite of treatment for three weeks. Cultures from the nose in these cases showed meningococcus associated with staphylococcus, but the children did not develop any symptoms of meningitis.

This case is interesting as supporting the view that infection by Weichselbaum's organism often reaches the meninges through the nares, and as suggesting that early diagnosis may sometimes be made by cultural study of the nasal mucus.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 16, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	1	..
Pneumonia	..	20
Phthisis Pulmonalis	..	26
Measles	20	..
Whooping Cough	5	..
Pseudo-Membranous Croup and Diphtheria.	69	14
Mumps	2	..
Scarlet Fever	25	..
Varioloid	..	..
Varicella	16	..
Typhoid Fever	5	3

Here comes the antivivisection bill again, Senate bill No. 34, introduced by Mr. Gallinger.

The *Archives of Pediatrics* will have a new editor after January 1—Dr. Walter Lester Carr.

The Roumanian Minister of Public Instruction has issued orders to the head mistresses of all girls' schools forbidding the wearing of corsets by the pupils. A corset by any other name would hug as tight.

The new school building of the College of Physicians and Surgeons was formally opened on Thursday night. Dr. Wm. H. Welch of Johns Hopkins University made the principal address on the occasion.

The widow of a respected citizen of Riga, who died recently, has applied to the court for permission to resume her maiden name, on the ground that the husband with whom she had lived for twenty years was a woman.

The Institute of France has received from M. Osiris a sum of money sufficient to yield a triennial prize of 100,000 francs to be awarded in recognition of the most remarkable discovery from the point of view of general interest. M. Osiris makes special reference to the fields of medicine and surgery, and the prize is open to all countries.

Dr. Francisque Crotte is entertaining the medical staff of St. Luke's Hospital, New York, by firing static sparks into tuberculous chests through sponges saturated with formaline. The electricity, he says, carries formic aldehyde into the lungs and destroys the tubercle bacilli. The entertainment was intended to be quite private, but the story leaked out to the great discomfiture of the medical staff of St. Luke's.

The Maryland Laryngological Association was organized on the evening of December 13 in the rooms of the Medical and Chirurgical Faculty of Maryland. A constitution was adopted and the following officers were elected: President, Dr. John N. Mackenzie; vice-president, Dr. Wm. K. Merrick; treasurer, Dr. John R. Winslow; secretary, Dr. Hughlett Hardcastle. The committee of honor (governing board) comprises the above-named officers and Drs. Samuel Johnston and Jacob Hartman. The other members of the association are Drs. Clinton McSherry, Milton R. Walter, Edward V. Millholland, Edwin Bernstein and W. W. Frames. All mentioned are charter members. Charles Weathers Burup, B.A., (J. H. U.) read a paper relating to the historical facts concerning the death of Gen. George Washington, and this was followed by a discussion by the members of the association as to the probable diagnosis of the disease, as to the treatment, etc. The society will meet every second Wednesday in the months of October to May, inclusive. The membership will be restricted to those physicians whose practice is limited to diseases of the upper respiratory tract and to otology.

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Book Reviews.

SYSTEM OF DISEASES OF THE EYE. Norris and Oliver. Vol. IV. Philadelphia: J. B. Lippincott Company.

The last volume of Norris and Oliver's System maintains the excellent standard of the other three. The subjects treated are: Motor Apparatus, Cornea, Lens, Refraction and Medical Ophthalmology. There are sixteen chapters. The first and longest, 166 pages, is upon the Motor Apparatus, by Dr. Landolt of Paris. One familiar with this author's exhaustive treatise on the "Refraction of the Eye" finds here the same excessive painstaking, the same logical plan and strict adherence thereto characteristic of his writing. He takes the position, which he has for some years urged, that treatment of strabismus by tenotomy is wrong; that it is unscientific in theory and can be proved erroneous in practice; that advancement of the weak muscle is the correct procedure. He insists upon strict adherence to rules in this operation, one requirement being confinement to bed for six days after operation, with both eyes bandaged. This is certainly not in accord with most of the teaching on this side of the water. Operative treatment of paralytic squint finds with Dr. Landolt more favor than with some other writers.

Professor Nuel of Belgium gives in the second chapter an interesting description of normal healing in corneal lesions. Corneal diseases are treated under the two general divisions of superficial and deep keratitis. Use of atropia is limited, as a rule, to the latter. In the former he thinks it often irritates. In kerato-iritis, if atropia fails to free synechiae, its continuance is baneful. The recommendation that scopalamine be substituted for atropia when the latter produces general intoxication is certainly not in accord with the reviewer's experience, nor, he believes, with that of many others. Scopalamine seems even more apt to cause systemic disturbance than atropia. One is surprised to find no mention of formaline among the antiseptics recommended in keratitis. Dr. Norris thinks "simple extraction" of cataract the normal operation "where there is a ripe and hard lens, with little soft cortical, and, where the iris is intact and healthy, dilating readily upon the application of a mydriatic, and where the tension of the eyeball is either normal or slightly diminished." In the chapter on "Ametropia" Dr. Oliver discusses in his characteristic clear style a number of "side issues," so to speak, in refraction work—the effect of hygiene on eyestrain, the relation of occupation to eyeglasses, relation of refraction error to associated muscular balance may be mentioned—all matters which intrude themselves in office work and of which little is written. The chapters on "Medical Ophthalmology" are full of interest. Subjects are Ocular Lesions in Diseases of the Circulatory System, of the Brain and Spinal Cord, of the Secretory and Excretory Organs, of Variola, Rubeola, Scarlatina, Erysipelas and Diphtheritis, of Influenza, Dysentery, Essential Fevers, Hysteria, Graves' Disease and Herpes. "Toxic Amblyopias," by Dr. de Schweinitz, might have more room than is given it.

We trust it is not out of place to express a word of appreciation to Drs. Norris and Oliver of their work in getting together such an encyclopedia of ophthalmology as the four volumes of their System make. As editors these gentlemen merit the gratitude of all interested in ophthalmology.

MUSCULAR ANOMALIES OF THE EYE. By Howard F. Hansell, M.D., and Wendell Reber, M.D. Philadelphia: P. Blakiston's Son & Co.

This little book was given out last winter "to present to beginners in ophthalmic work the principal facts in the diagnosis and treatment of abnormal states of the eye-muscles." The authors, by their experience and careful study, are amply qualified for the task. They have divided their work into four parts—the Anatomy and Physiology of the Muscles; Structural Anomalies or Palsies; Functional Anomalies, including Heterophoria and Heterotropia, more familiarly known as Strabismus, and Operations upon the Eye-muscles. Throughout the subjects are treated clearly and instructively. One is specially struck with the insistence upon care in diagnosis and treatment of heterophoria. Students are warned of the readiness with which they may be misled into harmful tenotomies. Refraction correction, attention to general health or nerve tone, prism exercise or constant wearing of prism correction, all come before operative treatment. The book can be confidently recommended.

REPRINTS, ETC., RECEIVED.

Department of Medicine and Surgery. Annual Announcement, 1899-1900.

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MARYLAND
MEDICAL JOURNAL

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Original Articles.

SOME OF THE DANGERS OF THE MARKET.

By Mary Sherwood, M.D.,
Baltimore.

READ BEFORE THE MARYLAND PUBLIC HEALTH ASSOCIATION, NOVEMBER 22, 1899.

A GREAT apostle once said, "Whatsoever is sold in the shambles, that eat, asking no questions for conscience sake." Whether he meant to imply that the official supervision of the markets of Corinth was so thorough that the Corinthians might rely implicitly on the wholesomeness and harmlessness of the wares offered for sale is not stated. Certain it is that the modern dweller in towns finds it easy to live according to the injunction, and is prone to buy and to eat, "asking no questions."

Now, what warrant has the buyer in our Baltimore markets and stores that the ultimate sources of our food supplies are carefully watched and properly safeguarded?

Are there any possibilities in the conditions of our markets of rendering futile the work of the intelligent purveyor to the family, trained as she should be by the study of domestic economy to suitably proportion the proteids and fats and carbohydrates in the daily diet, to judge of the macroscopical qualities of fruits and fish and vegetables, to secure the proper cut of meat and quality of fowl?

What supervision have we here in Baltimore, rendering it unnecessary to ask further questions about the food sold in the shambles?

Let us study for a moment the conditions with reference to two chief articles of diet, meat and milk. Slaughter-houses are not permitted within the city limits, but do exist in considerable numbers in the annex and in many small towns in the State. There are two large city abattoirs, one on Franklin street extended and one on Wilkins avenue, which have been in existence for about ten years. No doubt the meat in the Baltimore markets comes from all these sources. Now, the possibilities of official supervision are vested in:

1. The United States government.
2. The State Board of Health.
3. The State Live Stock Sanitary Board.
4. The Board of Health of Baltimore city.

Government inspection hardly reaches the meat produced or consumed in Maryland. The Bureau of Animal Industry of the Department of Agriculture has the task of inspecting all meat used for interstate or foreign trade, but it was specially provided in this act that no beef should be allowed to go abroad unless it had been inspected and was certified as free from disease. Unfortunately, the appropriation has not been large enough to extend this inspection to the interstate trade, so that at present we are not able to profit by the provisions of the law unless we become residents of foreign countries. For the foreign trade a careful inspection is made of the live animal, to see if it is fit to be killed. Each carcass is examined whole, and a microscopical examination of the pieces for trichina is made, so as to prevent any diseased or infected meat from going to foreign countries.

This policy of keeping all our parasites at home tends no doubt to the increase of home production of parasites.

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The State Live Stock Sanitary Board of Maryland is dealing very efficiently with the question of infectious diseases among the herds of the State. The single inspector of the State Board of Health has made a recent report on the condition of slaughter-houses in the towns of Maryland, giving in its contents many facts of interest.

The city health department of Baltimore (population 542,000) employs a single inspector of meats. Let me quote from his report:

REPORT OF INSPECTOR OF MEATS FOR YEAR 1898.

	Stores.	Markets.	Slaughter Houses.	Abattoirs.
January	761	89	43	18
February	668	74	40	16
March	757	94	36	19
April	715	91	42	15
May	724	86	36	16
June	800	86	37	18
July	693	82	39	12
August	726	83	28	19
September	691	81	35	14
October	593	64	31	14
November	664	73	35	13
December	759	79	35	16
	8,551	982	437	190
	982			
	437			
	190			
Visits	10,160			

CONDEMNED.

Beef	4,893 lbs.
Veal	985 "
Mutton	2,131 "
Pork	140 "
Bacon	320 "
Ham	10,809 "
Sausage	285 "
Liver	430 "
Chip beef	400 "
Pig tail	300 "
Crabs	200 "
Vegetables	760 "
Poultry	300 "
Fruit	50 "
	22,003

T. EUGENE CARMICHAEL, *Inspector of Meats.*

Now, to my mind these figures show very plainly two facts: First, that a very creditable effort has been made by the inspector to perform a task as great as one of the seven labors of Hercules, and, second, that, in spite of this effort, only a part of the meat coming into the Baltimore markets is properly inspected.

It is not necessary for me to detail to this audience the dangers arising from imperfect supervision of this important article of food. At the first semi-annual meeting of this association, Mr. Stiles, the zoologist to the Bureau of Animal Industry, presented the dangers arising from slaughter-houses, and at the same meeting Dr. Clement, veterinarian to the State Live Stock Sanitary Board, described the prevalent diseases of domestic animals in Maryland. Both articles are published in the proceedings of the meeting and are exceedingly instructive.

Now, as to milk:

There are twice as many milk inspectors in the health department as meat inspectors. There are, therefore, two. There is also an inspector of cow stables, a very necessary official when we consider that there are more than 150 cow stables within the city limits, to say nothing of the annex.

I had the not unmixed pleasure of visiting a number of these stables within our gates through the kindness of Dr. Jones and of Dr. Eichener, the inspector. Many of these small stables are in the Russian and Polish-Jew quarters. In one case there was a sweatshop in the basement of the house, while in a small shed back of the house four cows were leading a most sorry unbovine existence, never seeing daylight except through an open door, fed on refuse from breweries, and producing a milk whose quality Dr. Stokes has demonstrated in a recent microscopical study of milk.

Dr. Stokes finds that the quality of milk varies greatly according to the conditions under which it is produced.

1 Country.	2 Country.	3 City.
Well ventilated stables.	Badly ventilated stables.	Always confined.
Roomy stables.	Narrow stalls.	Narrow stalls.
Good pasturage.	Bad pasturage.	No ventilation.
Good feed.	Bad food.	No light.
Curried and cleaned daily.		No pasturage.
Inspected by competent veterinarian.		Bad food.
1.1 pus germs per field	11.3 pus germs per field.	19.2 pus germs per field.
No staphylococci.		Large number.
No streptococci.		Streptococci.

There is a strong possibility that such milk may cause disease in children.

A recent report from the Infants' Hospital on Randall's Island, N. Y., confirms this suspicion. In 1897, before the introduction of sterilized milk, 44 per cent. of the children died. In 1898, after Mr. Nathan Straus presented this plant to the city, the mortality was only 20 per cent.

The milk supply of Baltimore is made up of these three grades of milk, and is

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subject to the inspection of the two milk inspectors. I have been told that working their hardest it is impossible for them to go over more than 100,000 to 120,000 gallons per month, and this is only from 5 to 8 per cent. of the total quantity consumed in this city. Ninety-two per cent. must then be consumed without inspection.

With a sufficient force of employes, the health department of the city of Boston last year turned into the city treasury over $6000 from fines collected for violations of the law in selling milk of poor quality—enough to pay the expenses of the department.

In these days of wars and rumors of wars not the least interesting to the Baltimorean is the "milk war." Dr. Fulton, in the MARYLAND JOURNAL, November 4, has tersely described the issues of the conflict. "Whatever the merits of the opposing factions, let us hope that the result will be to secure correct State legislation on the subject and better dairy laws for Maryland."

I have spoken of only two most important articles of diet. Had we time many others might be discussed; bread and the conditions of bakeries, the question of the adulteration of food, the condition of the markets themselves, the stalls, the disposal of waste and garbage; very important matters for intelligent study.

Whatever may be the diversity of opinion as to the teaching of cooking in the public schools, there is no room for disagreement on the proposition that our food supplies should be pure, that the consumer should be protected from the ignorance and dishonesty of the individual producer by a high official standard for food, imposed by State or municipal legislation, and maintained by the efficient supervision of suitably-trained inspectors.

There are no questions more important to a community than matters of sanitation. Moreover, these questions should be entirely removed from all political considerations. There is no more short-sighted municipal economy than that which fails to supply citizens with the best sanitary and hygienic conditions.

I think you will all agree with me when I say that the health department is badly hampered in its splendid work by the lack of a sufficient force of workers.

Three inspectors of milk and meat! Five hundred and forty thousand inhabitants! One is reminded of the parable of the loaves and fishes—"What are they among so many!" And is there any use in waiting for a miracle to be performed to make them go around?

Dr. Clement says: "What the public needs is to be educated up to a pure milk supply." And this is the keynote of the whole situation. The public should be educated to demand better things, and it is toward this end that the whole work of the Maryland Public Health Association is directed.

Until sanitary conditions are what they should be in Baltimore it is not only the duty, but the selfish interest of the public to ask questions innumerable concerning the "food sold in the shambles."

INFLATION AND MEDICATION OF THE MIDDLE EAR IN NON-SUPPURATIVE OTITIS-MEDIA.

By E. Oliver Belt, M.D.,

Of Washington, D. C.,

Surgeon to the Episcopal Eye, Ear and Throat Hospital, etc., etc.

INFLATION of the middle ear for therapeutic purposes seems to have been practiced as early as the latter part of the seventeenth century. In a publication on the ear by Valsalva in 1704 he advocated inflation by the method which has since borne his name to remove pus from the middle ear. Though now in disrepute, this method has been used more or less ever since in many varieties of middle-ear and Eustachian-tube troubles, and was the only method until catheterization of the Eustachian tube was employed by Guyot, a postmaster of Versailles, who cured an impairment of his own hearing by this means. He introduced an instrument through the mouth. Archibald Cleland, an English military surgeon, however, was the first to catheterize the tube through the nose, after which time catheterization was used very generally until Politzer published an ac-

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count of his method in 1863. Since that time his method has been the one most generally employed, though some still use the catheter in a great number of these cases.

The object of this paper is to advocate the more common use of the compressed-air apparatus with a nebulizer in preference to any or all of these methods.

Valsalva's method is now used mainly for diagnostic purposes to determine the permeability of the Eustachian tube and the mobility of the drum membrane. It is not usually recommended for therapeutic purposes, from the fact that it produces congestion of the head, and is apt to be abused by patients, and when frequently practiced it stretches the ligaments of the ossicles and causes a relaxed condition of the membranes.

There are a number of objections to the Politzer method. Children are frequently so frightened by it that they will not allow its use the second time. Elderly people are shocked by its sudden use, and they sometimes strangle very severely on the water held in the mouth. The drum-head is sometimes ruptured when made thin by atrophic changes, or when old perforations are closed by cicatricial membranes, or when the Eustachian tube is very patulous.

The chief objections to the use of the catheter are the bruising or abrading of the mucous membrane and the consequent discomfort and inflammation, with an occasional submucous emphysema, and the difficulty of passing the catheter in case of hypertrophy of the turbinated bone, spurs or deviation of the septum. To fully appreciate the desirability of having a substitute for catheterization, one should have the catheter used upon himself.

The method I advocate is about as follows: The naso-pharynx is first sprayed with a modified Dobell's or similar solution, which not only cleanses the parts and obviates the danger of blowing secretion or septic material into the middle ear, but reduces the turgescence of the mucous membrane, thereby enlarging the caliber of the nasal passages and Eustachian tube, making inflation much easier. A pressure of from ten to twenty-five pounds is preferred in the compressed-air apparatus. Bishop says "while fifteen pounds might endanger the continuity of an infant's drum-head, or one greatly weakened by disease, he has often applied sixty or more pounds to old, thickened and hardened drum-heads without rupturing them." He further says "it is evident that if it requires forty pounds in some cases to propel sprays into the middle ear, it follows that in such instances rubber air-bags are insufficient, for they do not average more than six to fifteen pounds." I rarely find more than twenty-five pounds necessary, and do not use that directly from the air apparatus to the nostril, but prefer having the air pass through a receptacle like the globe nebulizer, where it may be medicated, if desired, or in any case the force and suddenness of the rush of air will be modified by the elasticity of the rubber tubes through which it passes.

The patient is directed to puff the cheeks out; the nose-tip, which should be large and round, is placed in one nostril, and, with a Davidson cut-off on the air apparatus, the air is allowed to enter one nostril and escape through the other; then the other nostril should be closed by thumb or finger. If the palate is up the nostrils will puff out and the ears be inflated, unless the obstruction is very great. If the nostrils are closed before distending the cheeks, the palate will not be elevated and the air will pass down the throat, but this will occur sometimes anyway. It can usually be overcome by directing the patient to swallow while the air is flowing. If the obstruction in the Eustachian tube is so great as to prevent inflation by this simple method, a few drops of a 4 per cent. cocaine solution may be applied to the nasal passage and the mouth of the Eustachian tube on a cotton applicator. Cocaine spray is not recommended on account of the greater danger of its toxic effect. The swelling of the mucous membrane disappears as if by magic, and that the caliber of the Eustachian tube is greatly increased is evidenced by the ease with which it is then permeated. Another advantage of the compressed-air apparatus is that, by quickly opening and closing the Davidson cut-off, vibratory movements or mas-

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sage can thus be given the drum-head and ossicle.

I generally use a formula similar to the following in the nebulizer:

Iodine, grs. v.
Camphor, grs. xv.
Menthol, grs. xv.
Albolene, ℥i.

According to Politzer, "the main purpose of the inflation of the middle ear is to effect the permeability of the Eustachian tube, and to conduct compressed air into the middle ear to remove or lessen the obstacles to the conduction of sound which disturb the function of hearing.

"The first effect of a current of air conducted from the pharynx to the middle ear is produced in the Eustachian tube, the walls of which, lying against each other in the normal state, are forced asunder and its lumen widened. If the tube is obstructed by swelling and edema of its membrane, or by accumulation of secretion, so that the entrance of the tube cannot be made to gape by an act of swallowing, the permeability of the canal and the communication between the air in the tympanic cavity and that in the pharynx are re-established by the introduction of a current of air. By the action of this current that part of the secretion deposited near the pharyngeal orifice is forced into the pharynx, while that in the superior part of the tube is forced towards the tympanic cavity, as experiments on the dead body have shown.

"The effect of such a current of air upon the Eustachian tube is by no means momentary or temporary, as many assert, for experience shows that the constricted tube is often mechanically dilated by the pressure of air upon its walls, and the tumefaction of the hyperemic and swollen mucous membrane is lessened or quite removed by the action of the air-current, because the blood is gradually displaced from the dilated vessels.

"The current of air which penetrates into the tympanic cavity through the tube will, in the first instance, act upon the inner surface of the flexible membrana tympani, bulging it out towards the lumen of the external meatus. The mallus, connected with the membranes, and in a less degree, also the incus and stapes, will follow this outward movement.

"Therefore, as in diseases of the middle ear, the membrana tympani, with the ossicular chain, is very often abnormally tightly stretched inwards, and the propagation of sound thereby much hindered, the membrana tympani and ossicles are forced back into their normal position by the introduction of a current of air, if applied with sufficient force, and by thus removing the abnormal tension of the sound-conducting apparatus, its power of vibration is partially or totally re-established."

Medication of the middle ear, which is no doubt of much value in some cases, is accomplished by direct injection of the medicated fluid through a catheter, or by inflating the ear with medicated vapor or spray. For the latter purpose the compressed-air apparatus is very useful, used with a nebulizer or with a nozzle containing a medicated sponge. Iodine, camphor, menthol, carbolic acid and cocaine are some of the most used remedies.

For direct injection of fluids into the middle ear through the catheter, pilocarpin hydrochlorate is used by some in 1 and 2 per cent. solution in albolene. Six or eight drops are warmed and injected about three times a week for a period of six weeks, when it should be discontinued for a time. Sodii bicarbonate, grs. 10 to oz. 1, is highly recommended by some otologists. Bacon says solutions of borax, bichloride of mercury, iodide of potash, which are recommended by some, are contraindicated, since they are liable to cause considerable reaction. Camphor and menthol in lanolin are also hightly recommended by others. However, all of these preparations must be used with the greatest care, gentleness and skill, or much harm may be done, and the tendency now seems to be more to the use of medicated vapor and sprays and less to fluids. My own convictions are decidedly against the injection of fluids into the middle ear through the Eustachian tube.

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ON THE FREE USE OF DRINKING WATER IN ACUTE HEMORRHAGE.

By Louis Kolipinski, M.D.,
Washington, D. C.

THE prime indication in the treatment of acute hemorrhage, after the temporary or permanent closure of the bleeding vessels, is to refill the vascular system with its normal fluid without delay. The self-evident and routine treatment in surgical, medical and obstetrical cases is to introduce a certain volume of liquid, natural or artificial, into an opened vein, into the subcutaneous cellular tissue or into the peritoneal sac. The results, as is well known, are speedily apparent and often most happy. To carry out successfully, and without future harm to the subject, the operative treatment necessary, it is essential that the proper instruments are at hand and in working order, that everything brought in contact with the site of operation is aseptic or sterile, and that time, circumstance, and assistance are available. In daily practice, however, it is impossible on all occasions to command these requisites, and in not a few instances one may be compelled to rely upon some substitute method.

A plan which is so simple that it may be overlooked, so obvious that to commend it seems unnecessary, and yet so effective as to yield a brilliant result, is the very liberal exhibition of drinking water.

It must be given almost continuously until the bloodless victim begins to revive and react. Prerequisites are the absence of vomiting, and if a stomach tube is not at hand, that the patient is able to swallow. In romance the wounded always cry for water, and sentiment and humane feeling are awakened when they are offered drink. In reality, at the bedside we do not hear such cries, but it is astonishing to see to what an extent a liberal supply of water can be pushed, and with it is apparent a return of strength and mental activity, slowing and deepening of the respiration, and the restoration of volume, and tension to a pulse that before could not be felt.

I record as an example of this treatment the following case:

A girl of eighteen, of good constitution and of healthy parentage, developed typhoid fever, for which, in the beginning, she received no medical treatment. She was compelled to keep her bed on the eighth day, and was examined for the first time on the twelfth. Her average morning and evening temperature for the succeeding seven days was 104° F. The family opposed hydrotherapy. During this time her intellect was clear, her manner composed, and her nights not very disturbed. The pulse varied from 96 to 112 beats per minute.

At 3 in the afternoon of the twentieth day there occurred a copious alvine evacuation, and at the close of the act a blood clot the size of a walnut passed. There was no abdominal pain or tenderness, and the temperature remained high as usual. At 10 o'clock at night of the same day she was seized with an uncontrollable desire to defecate, which returned at short intervals for more than half an hour, and was accompanied by an audible gurgling sound.

When visited at 11 P. M. the patient was conscious, with a tendency to grow drowsy and to faint. She was anxious, but not restless. The body was exsanguinated, the skin cold and clammy, the breathing deep and hurried, the pulse hardly to be felt at the wrist and uncountable. The bed was literally drenched in blood, the pool extending to her feet.

The situation was somewhat trying, and an unfavorable prognosis justified. The sick girl was at her home in the suburbs of the city; skilled assistance and instruments not obtainable without great sacrifice of time. Under these circumstances she was given a hypodermic injection of strychnia and atropia, and the antero-lateral surfaces of the trunk from the clavicles to the groins covered with a thick cold poultice after the manner of Dr. Bedford Brown. These poultices were reapplied every half-hour.

The patient was asked if she was thirsty, and, replying in the affirmative, was given a tumbler of water, which she drank with effort and delay. The quantity was repeated every five minutes until

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she had emptied four glasses. Through the remainder of the night she was constantly plied in the same manner by a couple of neighborly women, until they had given her by actual count twenty-four tumblers of water. The next morning there had been no recurrence of the hemorrhage, the girl had revived completely, and her radial pulse was strong at 108 beats per minute.

The cold-poultice treatment was continued for three days, during which time the bowels did not move. Later there occurred spontaneous evacuations of the usual yellow-white color incident to a milk diet.

The temperature during these days was moderate, and then began rapidly to mount again to 104° F. and more. A single wet pack of thirty minutes' duration reduced it permanently.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD DECEMBER 1, 1899.

THE meeting was called to order by the president, Dr. Jas. M. Craighill.

Dr. R. Tunstall Taylor exhibited four cases of "Tuberculous Hip-Joint Disease," all of which, under treatment, had secured the recovery of perfect motion. He stated that the old idea that the most to be hoped for in such cases was ankylosis had given way under modern treatment to the notion that we should expect to secure perfect or nearly perfect motion.

Dr. Taylor also exhibited two cases of "Rheumatoid Arthritis" and one of "Pseudo-Muscular Atrophy." Of the former, he stated that it was a disease rather rare in childhood and frequently confused with rheumatism.

Dr. Robert Reuling exhibited a "Case of Paralysis Agitans, Showing Thickening of the Skin" (to be published later).

Dr. Randolph Winslow: "Report of a Case of Gastroplication for Dilated Stomach."

I merely wish to report a case of remarkably dilated stomach, in which I made a fold in the anterior wall. The patient was a physician, sixty-four years of age, who came to see me in June of this year. The diagnosis of dilated stomach had been made by Dr. Hemmeter. The patient stated that he had always been delicate as a child, and suffered since with weak digestion and headaches. When six or seven years of age he was run over by a vehicle, the wheel passing transversely across the abdomen. He passed through the Civil War, and afterwards practiced medicine until 1874, when he suffered with digestive disturbances to such an extent that he had to give up practice. Recently he had suffered greatly, and consulted Dr. Hemmeter, who referred him to me for surgical aid. I decided to put a fold in the anterior stomach wall, and, as he also had a displaced kidney, to operate upon that at the same time. On exposing the stomach, it was found to be displaced, but the anterior wall was easily doubled upon itself and sutured so as to reduce its size about half. The wound was closed, and then the kidney was operated upon. He recovered promptly and considers himself very much improved. The stomach no longer retains undigested food, but is capable of emptying itself, which previously it could not do.

Keene, in his Cartwright lectures, mentions fifteen cases in which this operation has been performed, and one other case has been reported since. There is a reasonable ground for hope that in the remarkably dilated stomach found in atonic conditions, without stricture of the pylorus, beneficial results may follow this operation. If there were a kink in the duodenum, or stricture of the pylorus, the result could not be so good.

Dr. Hemmeter: I find in practice that doctors are very difficult patients to manage. This old gentleman was a man of considerable attainments, who had practiced forty years, and was the translator of Rindfleisch's "Pathology." When, after dilating the stomach and administering a test meal, I found there was no free hydrochloric acid, he jumped to the conclusion that he had a carcinoma, and immediately began to have symptoms to agree with that diagnosis. I never did find hydrochloric acid, but milk could be made to curdle by the filtered contents of the stomach.

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The surgeon, as a rule, doesn't see his cases very long, and judges his results by the immediate effect of his treatment. Accordingly, the surgeons who have reported upon this operation speak enthusiastically of the result, but, as a matter of fact, these cases return to the physician with the same old symptoms. I have seen three cases now, and while one of these was doing well three years after the operation, the second did not do well. In this case of Dr. Winslow's the patient is perfectly well five or six months after the operation, and, as he himself states, "has just begun to enjoy life." He shows, what is quite remarkable, a return to free hydrochloric acid. I think the cells were exhausted, but now, as the food can get out of the stomach, they have periods of rest, and so secrete acid again. Of the sixteen cases Dr. Winslow referred to, there was only one death, and so I believe the operation is preferable to gastro-enterotomy for atony of the stomach. Speaking conservatively, I should say it is the best treatment for those cases that resist medical treatment.

Dr. A. L. Hodgdon: "Some Observations in Radiography."

Dr. Alex. L. Hodgdon exhibited the radiograph of a man who had been wounded in the head by a shotgun many years previously. The shot seem not to have arrested the *x*-rays, so that they appeared in the print as round, white spots of uniform size. This apparent reversal of the radiographic image Dr. Hodgdon explained upon the theory that the shot were themselves fluorescent, and, therefore, acted in a positive manner upon the sensitive plate. He is convinced that no accident befel the plate either before exposure or during development, and believes that the combination of arsenic and lead in certain proportions gives rise to fluorescence. Such a combination, he thinks, was present in the shot which gave this curious radiograph.

THE TRI-STATE MEDICAL ASSOCIATION.

MEETING HELD IN CUMBERLAND DECEMBER 21, 1899.

THE Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia met at the Queen City Hotel in Cumberland, Md., on December 21, Dr. J. M. Spear of Cumberland, presiding.

Dr. Frank Martin read a paper on "Nephrectomy for Renal Tuberculosis."

In the discussion, Dr. W. W. Russell of Baltimore emphasized the importance of early diagnosis and early operation. He related two cases in which patients had declined operation, and, returning later, asking to be operated upon, were found so far advanced in general infection as to be beyond surgical aid.

Dr. J. M. Duff of Pittsburg thought the paper of Dr. Martin an eminently practical one, as illustrating what may be attained by early operation. We are at the beginning of a new era in medicine and surgery—the era of prevention—and early operations, such as those of Dr. Martin, upon cases of kidney tuberculosis owed their value not so much to the consequent relief of more or less endurable symptoms, as to the prevention of severe and fatal general infection. He (Dr. Duff) had operated upon three patients for this condition. One died, one lived a year, and one is living now four years after the operation.

Dr. W. W. Russell of Baltimore read a paper on "Conservative Operations for Myomatous Tumors of the Uterus."

In the discussion, Dr. Duff said that general practitioners should be extremely careful about communicating to patients their diagnosis of fibroid of the uterus. There is in these cases a large chance of error, and the consulting gynecologist may become somewhat embarrassed by the too confident opinion of the general practitioner. Operation for fibroid tumor can be successfully done during pregnancy. Dr. Duff related a case operated upon by himself. Sometimes fibroid tumors give rise to a mucous or serous discharge, but no bleeding. Such cases may be mistaken for cancer.

Dr. J. J. Wilson asked if fibroids were ever thrown off without operation.

Dr. Russell, in reply, narrated the instance of a patient of Kelly's, who, a few months after she was curetted, was delivered by her own efforts of a fibroid tumor as large as the fetal head.

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Dr. Wilson related a case in which he delivered a fibroid tumor with the aid of Hodge forceps after severing the pedicle. In another patient, upon whom he practiced intrauterine injections of permanganate of potash, strong contractions of the uterus followed the injection, and a fibroid tumor was expelled through the vagina.

At the evening session papers were read by Dr. Jas. O. Bullock on "Peritonitis" and by Dr. W. Q. Skilling on "Progress in Surgery."

A paper on "Progress in Medicine," by Dr. E. T. Duke, was read by title.

Frostburg was chosen as the next place of meeting.

Medical Progress.

TOXIC HUMAN MILK.—E. W. Saunders and C. Fisch, in the Medical Review, December 16, demonstrates the toxicity of human milk in three cases:

Case 1. Mrs. E., aged twenty, was delivered of her first child September 27, 1897. Lactation was duly established and the milk was unusually abundant. However, the baby did not thrive; the stools were frequent and watery, greenish in color and having an acrid character. There was much colic and tenesmus.

A sample of breast milk was obtained and treated with ammonium sulphate and alcohol successively. A small amount of non-dialyzable substance, which resulted in this way, was used for experimentation on two guinea-pigs. The first guinea-pig received half of it subcutaneously, dissolved in a little sterile salt solution, while the other received the second half in the same way, but after boiling for a few minutes. The result was that both animals after some hours were seized with severe convulsions, which lasted several hours. The temperature during this time was reduced (to 95.6° and 99.4° from 100.4° and 101.2°, respectively). There was slight loss of weights and impairment of appetite for the next day. After that the animals appeared well.

Case 2. Mrs. F.; milk taken the third day of menstruation; nursling very restless; temperature 101°; stools frequent, loose, offensive, full of undigested casein and fat; no vomiting.

Twenty c. c. of this milk was cencentrated in a vacuum apparatus to 5 c. c. and then precipitated with lead acetate (neutral). After carefully washing the precipitate with water, these washings and the filtrate were again concentrated to 5 c. c. and treated with hydrogen sulphide. It was again filtered, and now the filtrate subjected to dialyzation. The dialyzate was simply concentrated in a vacuum to about 4 c. c.

1. One c. c. was injected into a small (250 gm.) guinea-pig hypodermically. The animal's temperature rose after six hours from 100.4° to 102.6°; it lost its appetite, and after sixteen hours was found in convulsions, which lasted five hours, and then gradually subsided. The pupils were contracted. Some hours after, the animal appeared well again; temperature, 101.2°. It remained well afterwards.

2. One c. c. was heated to the boiling point for thirty minutes and then injected in the same way into an animal of the same size. The result was the same.

3. One c. c. of the fluid, not heated, injected into white rat at 6 P. M. The animal was found dead the next morning.

4. The remaining 1 c. c. was treated with picric acid and potassium hydroxide (Pfeffer's test) to test for creatin. None was found.

These data warrant the assertion that the milk contained some poisonous substance belonging to the group of animal alkaloids, though it certainly is neither creatin nor creatinin.

Case 3. Mrs. K.; since the birth of her baby has but little milk; began to menstruate two months after delivery. The baby now, at three months, is weak, emaciated (weighing only seven pounds) and vomits whenever nursed by the mother.

A grown white rat was injected subcutaneously with 1 c. c. of the breast milk. After a while convulsions set in, coma followed and death occurred about thirty-six hours after the injection. The milk on being treated after the method described in Case 2 yielded a minute quantity of a substance which yielded all the reactions of the alkaloids. Guinea-pigs and white rats died from traces of this substance injected subcutaneously.

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SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND NOVEMBER 8, 9, 10, 11, 1899.

Number	Graduate of	Anatomy	Physiology	Surgery	Gynecology	Chemistry	Medical Jurisprudence	Pathology	Hygiene	Practice	Materia Medica	Therapeutics	Obstetrics	Total	Average
1.	Baltimore University.	76	83	75	90	80	50	75	77	99	80	78	89	952	72
2.	Columbian Medical College.	80	100	90	85	36	40	77	81	100	79	77	100	945	78
3.	Baltimore University.	74	95	95	95	76	60	61	72	100	77	77	84	966	80
4.	Medico Chirurgical College, Philadelphia.	66	80	85	90	84	80	78	74	99	78	76	100	990	82
5.	College of Physicians and Surgeons, Balto.	55	50	80	75	60	75	59	70	92	80	80	80	857	71
6.	Johns Hopkins Medical School.	75	75	100	90	78	80	100	99	100	100	100	100	1097	91
7.	Johns Hopkins Medical School	90	100	100	100	82	80	100	99	100	98	96	100	1145	95
8.	Johns Hopkins Medical School.	83	100	100	90	72	78	98	94	98	98	90	95	1096	91
9.	Baltimore University.	70	75	90	95	40	40	63	72	100	89	91	95	900	75
10.	Johns Hopkins Medical School.	100	100	100	100	64	94	94	93	97	81	79	100	1102	91
11.	Medical Department University of Va.	83	95	95	95	45	50	85	90	96	100	100	95	1109	92
12.	Johns Hopkins Medical School	75	75	90	90	99	98	95	97	99	80	79	100	1077	89
13.	University College, Richmond, Va.	67	40	80	75	20	30	75	81	94	75	75	75	787	65
14.	Woman's Medical College.	90	83	80	70	82	80	60	77	93	70	71	71	927	77
15.	Maryland Medical College.	100	83	80	75	76	35	79	83	99	75	75	80	940	78
16.	Baltimore University.	75	90	85	85	50	75	66	83	99	78	80	92	958	89
17.	Maryland Medical College.	80	70	80	75	76	60	60	79	97	77	73	84	911	75
18.	University of Maryland.	52	83	60	85	76	46	20	72	93	75	85	77	824	68
19.	University of Maryland	80	100	75	75	63	76	80	97	100	82	97	80	1017	84
20.	University of Maryland.	100	100	95	90	86	54	95	98	100	94	100	97	1109	92
21.	Woman's Medical College of Pa	83	100	80	80	76	70	79	87	97	100	100	100	1052	87
22.	Baltimore Medical College.	50	90	80	80	80	25	71	68	99	75	75	80	873	72
23.	Medical Department National University.	85	85	85	75	76	60	44	69	95	78	80	71	903	75
24.	College of Physicians and Surgeons, Balto.	83	80	100	100	80	79	88	86	100	77	79	100	1052	87
25.	Johns Hopkins Medical School	100	100	100	100	93	100	100	98	100	83	81	100	1160	96
26.	Baltimore University Medical College.	61	90	75	75	20	32	72	78	98	79	77	76	833	69

A general average of 75 being required, it will be seen from the above table that of twenty-six applicants five were unsuccessful.

OBSTETRICS.

1. Name the pelvic bones and describe the diameters.
2. Give the differential diagnosis of epilepsy and puerperal eclampsia and treatment of latter prior to delivery.
3. Describe the third stage of labor.
4. Give the etiology, definition, prophylaxis and treatment of opthalmia neonatorum.
5. Describe the technique and state the indications for intrauterine irrigation.
6. Give the diagnosis of tubal pregnancy.
7. Give causes and treatment of retention of placenta.
8. What dangers specially threaten the mother in multiple labor?

HYGIENE.

1. How may tuberculosis, in man, be acquired from the lower animals?
2. Give arguments in favor of vaccination.
3. In what ways may the contagion of scarlet fever be conveyed?
4. Describe two methods of disposing of town sewerage.
5. What forms of parasitic diseases may be caused by eating raw pork?
6. How should a sick room be ventilated?

PATHOLOGY.

1. Describe nerve degeneration in a case of neuritis.
2. What is adenoma?
3. Give the microscopical appearances of a section of lung tissue, lobar pneumonia; state of red hepatization.
4. Describe the gross appearances of the kidneys in a case of advanced arterio-sclerosis.
5. Describe fatty degeneration of the heart muscle.
6. Describe the condition of the left and right ventricle in a case of extreme mitral stenosis.
7. Describe the three different types of organism which cause malaria.

Answer any six of the above questions.

ANATOMY.

1. In case you should trephine for disease of the surface of the brain, name the different coverings of the brain you would pass through, beginning with the scalp.
2. Describe the normal position of the heart. State at what point on the chest the two sounds are most audible.
3. Describe the stomach, including its

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curves, orifices and location, but omit its minute anatomy.
4. Describe the hip-joint.
5. State how the collateral circulation is established after ligation of the external iliac artery.
6. Describe the second cervical vertebra.

PHYSIOLOGY.

1. What is the function of the bile? What effect would a failure of the discharge of secreted bile and the absorption of it into the system produce upon the skin, urine, feces, heart, respiration, nervous system and vision?
2. What quantity of urine should a healthy adult male pass in twenty-four hours? To what is its reaction due? What condition will suppression of the excretion of urine develop?
3. Name the two divisions of nerve fibers and state the functions of each division.
4. Describe the whole process of digestion from the time food enters the mouth until it reaches the termination of the small intestines.
5. Describe the circulation of the blood through the heart.
6. What effect has sex and age on respiration?

PRACTICE.

1. Give proximate and remote causes of cerebral apoplexy. Sequelae and give treatment.
2. Differentiate embolism and thrombosis—give some sequelae.
3. Name prominent symptoms in angina pectoris; causation and treatment.
4. Give diagnosis of hepatic abscess; causation and treatment.
5. Give differential diagnosis of empyema and hydrothorax.
6. Give diagnosis and treatment of pseudomembranous laryngitis.

THERAPEUTICS.

1. What is the usual dose of strychnine, of codeia, of sulphonal and of paraldehyde?
2. To what class of remedies do the following belong: (a) Iodine, (b) mercury, (c) zinc?
3. Write a prescription which would be indicated in the treatment of lead poisoning.
4. What are antidotes? Illustrate one.
5. What is formalin? Name its uses in medicine.
6. What are the therapeutic uses of alcoholic agents.

MATERIA MEDICA.

1. Name three drugs belonging to each of the following classes: (a) Tonics, (b) stimulants, (c) sedatives.
2. From what source is arsenic obtained? What are its most important preparations?
3. To what class of remedies does cocaine belong? What is the usual dose, and how is it best administered?
4. What are the principal medicinal preparations of digitalis?
5. To what class of remedies does elaterium belong? What is the usual dose?
6. Name the principal anesthetics and the condition under which they are used.

MEDICAL JURISPRUDENCE.

1. How could you determine that certain dark stains found on a knife, linen or pieces of wood were made by blood?
2. How could you prove that a specimen of blood was not taken from a bird or fish?
3. Give the post-mortem appearances observed in the case of death from a burn.
4. What reason could you give for saying that a body was burned during life or after death?
5. Give the symptoms of acute and chronic mercurial poisoning.
6. Give the symptoms of poisoning by oxalic acid.

CHEMISTRY.

1. Which of the elements are liquids and which are gases at ordinary temperatures?
2. How is ammonia made? Give chemical formula.
3. Explain the process for the manufacture of sulphuric acid.
4. What is the action on water and organic substances of sulphuric acid, and what is its specific gravity?
5. What are the properties of phosphorus, and how is it made?
6. In what forms is carbon found in nature?

GYNECOLOGY.

1. Describe what is meant by anteflexion of the uterus, its chief causes and its different modes of treatment.
2. Laceration of the cervix uteri. Give—(a) its varieties; (b) its causation and consequences; (c) its treatment.
3. Pelvic cellulitis. Give—(a) its causation; (b) its physical signs and symptomatology; (c) its treatment.
4. Give the chief causes of endometritis.
5. Give the differential diagnosis between ascites and ovarian cysts.

SURGERY.

1. Define—(a) phlebitis; (b) adenitis; (c) lymphangitis; (d) varix; (e) aneurism.
2. Ligation of arteries. Give the lines of incision and relation of parts involved in deligation of the following arteries: (a) The axillary, in its lower third; (b) the superficial femoral in Scarpa's space.
3. Fractures. Describe the displacement of fragments in fracture of the thigh in its upper third, its diagnosis and its treatment.
4. Dislocation. Describe the position of extremity in dislocation of the head of the femur upon the dorsum ilii and its treatment.
5. Describe the operation of exsection of the hip.

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MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, DECEMBER 30, 1899.

The Antivivisection Bill.

SENATOR GALLINGER has again introduced a bill to prevent experiments upon animals "in the District of Columbia." The history of this measure in the last Congress is well known, and it is to be hoped that the defeat which it will receive in the present session may be decisive and final. It is a most pernicious measure, as adroit in design as it is sinister in intention. Disguised as local legislation, affecting only the District, it is really a blow at experimental medicine, which, if it could be effectively landed, would obstruct the progress of scientific medicine and surgery throughout the United States. If this bill should become a law, the loss inflicted upon the stock farmers of this country through the crippling of one division of the Department of Agriculture, the Bureau of Animal Industry, would alone suffice to condemn the measure upon the base level of dollars.

Maryland has several new men in the national legislature, and it is necessary for the physicians of this State to again point out to their representatives the dangerous things which Senator Gallinger has concealed under the title of Senate Bill No. 34.

The Maryland Medical Journal for 1900.

THE present issue closes the career of the MARYLAND MEDICAL JOURNAL as a weekly. The next issue, which will appear on the 6th of January, will begin a twelve-number volume. Extended inquiry among the subscribers showed a preference on the part of a majority for a monthly journal, and as the directors of the JOURNAL were of the same mind, arrangements have been made to publish a much larger monthly. It is not necessary to set forth here the points of superiority which monthly periodicals may in general claim over weeklies. The first number of the new JOURNAL will, it is hoped, settle any doubts that may arise.

Among the contents of the January number will be found three papers on tuberculosis, by Dr. Wm. R. Stokes and Dr. Wm. Osler of Baltimore, and Dr. C. S. Millet of Brockton, Mass. The papers of Dr. Osler and Dr. Millet treat especially of the therapeutics of consumption.

A noteworthy feature of the new JOURNAL will relate to the use of cold in the treatment of pneumonia. An inquiry upon this subject has been mailed to a selected list of representative clinicians, nearly all of whom sent prompt responses. These short statements, twenty in number, form an interesting and very practical article on the subject. The list of contributors to this part of the January number will bear printing without initials before, or titles after, any of the names. They are Atkinson, Baruch, Bowditch, Cutler, Eichberg, Fitz, Folsom, Forcheimer, Fowler, Hare, Johnston, Lange, Musser, Rochester, Smith, Stockton, Stucky, Tyson, Ward, Wilson.

The reviews of current medical literature will, it is hoped, be superior in some important respects to those usually put forth by medical periodicals. The various departments of medicine and surgery have been assigned among a competent corps of collaborators, who each will treat in an orderly manner only that part of the field which has been distinctly enriched. By this means we hope to avoid fragmentary digests, and to present in each volume everything of permanent value which the year has produced. Four reviews in the departments of general medicine, pathology and bacteriology, surgery and dermatology, by Dr. Thomas R. Brown, Dr. Robert Reuling, Dr. Hugh H. Young and Dr. T. Caspar Gilchrist, will appear in the first number.

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THE DEATH OF DR. CANFIELD.

It is with deepest regret that we announce, in going to press, the death of Dr. William Buckingham Canfield, editor of this JOURNAL. In November Dr. Canfield set out for New York, in apparently full health, and on the night of November 27 fell unconscious upon the sidewalk. He was taken to a private apartment in the Roosevelt Hospital, and, after improving so far as to recognize the relatives who were summoned to his bedside, died on the morning of December 27. His death was due to fracture of the skull.

This news will be received with sorrow by a large circle of citizens, to whom he was endeared by the strongest ties of friendship; and by his acquaintances among medical men this sudden end of the career of one of our best-known physicians, in the prime of his manhood, will be considered the saddest event in the recent professional history of Baltimore.

Dr. Canfield, who had just reached the age of forty-two years, sprang from a family of high social standing. He received his collegiate education at Princeton, and obtained the doctor's degree at the University of Maryland in 1880.

Desiring to perfect his skill in every possible way, he pursued post-graduate studies in Germany and won a degree from the University of Berlin. Several elaborate articles attesting the earnestness of his work there, especially in the lines of histology, have been reprinted from German medical journals.

Establishing himself, after his return, in Baltimore, his native place, Dr. Canfield entered industriously upon the practice of his profession, employing his spare time upon careful literary contributions to medical societies and journals. Beside the editorship of this JOURNAL, he was for some years the associate editor of the *Health Magazine* of Baltimore, and, being expert in shorthand, was much in demand as correspondent of leading medical journals of other cities. He became also an author, publishing *"Practical Notes on Urinary Analysis,"* which was honored in 1896 with a second edition; also a volume on *"Hygiene of the Sick Room,"* in 1892, and some translations from the German. Of late years his interest became centered in the study of diseases of the chest, as shown by his medical articles, and his work in sections of the Medical and Chirurgical Faculty. He was one of the prime movers in the establishment of our Hospital for Consumptives. The confidence reposed in him by the public and by his fellow-physicians was attested by his appointment to the staff of this hospital, to a lectureship on clinical medicine in the University of Maryland, to the staff of the Union Protestant Infirmary and the Bayview Almshouse, also to the post of examiner for several life insurance companies of this city. Dr. Canfield has, although suddenly cut off in his prime, left behind him a record of a physisician—expert, industrious, temperate, kind, public-spirited; of a literary worker—cultured, prolific, triumphing over numberless discouraging obstacles; of a friend—constant, courteous, thoughtful of others' welfare, even to the sacrifice of his own. To this JOURNAL he has been a faithful friend for many years, giving much of his best effort to its literary work, and ever earnestly seeking to place it upon a secure footing as the representative of medical thought in this State.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 23, 1899:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	22
Phthisis Pulmonalis	1	14
Measles	19	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	70	14
Mumps	2	..
Scarlet Fever	12	..
Varioloid	..	..
Varicella	24	..
Typhoid Fever	9	3

Professor Birch-Hirschfeld, for many years the professor of pathological anatomy in the University of Leipzig, is dead.

Dr. William Osler and Dr. Howard A. Kelly have been elected honorary members of the Royal Academy of Medicine of Ireland.

Dr. C. Hampson Jones, Commissioner of Health, was given a complimentary dinner by the Annex Outing Club on Friday, the 22d.

Dr. E. E. Montgomery has been elected president of the staff of St. Joseph's Hospital,

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Philadelphia, to succeed Dr. Robert M. Cruice, deceased.

A new curative serum for yellow fever, superior to the antiamayllic serum of Sanarelli, is said to be forthcoming from the Sanitary Institute of Montevideo.

Mr. P. A. B. Widener will spend $2,000,000 in the erection and endowment of an industrial home for crippled children. The purpose of the institution will be to furnish medical and surgical treatment, and to furnish such training as will qualify its charges to earn a livelihood.

The next International Congress of Tuberculosis will probably be held in London in the spring of 1901. A preliminary meeting for the purpose of making arrangements will shortly be held under the auspices of the British National Association for the Prevention of Tuberculosis.

Dr. W. W. Keen is out in a stirring letter to the medical profession of the United States anent the Senate Bill No. 34 (Gallinger fecit). Dr. Keen invites correspondence from all who can aid in the defeat of this third of Senator Gallinger's blows at the progress of scientific medicine in the United States.

Dr. R. A. Edmonston, acting assistant surgeon, U. S. A., now in the Philippines, sends to the Baltimore *Sun* an account of the daring rescue by Dr. Henry Page of his mounted orderly, who got into deep water while trying to ford a stream. After getting ashore with his orderly, Dr. Page returned to the water and brought out the pony.

The Hartford (Conn.) Board of Health has decided to put shower baths in the public schools. Children who have been excluded from the schools on account of infectious disease in their homes will upon their return to school be required to take a bath and have their clothing disinfected.

The State Board of Health of Massachusetts has sent to the physicians of that State a circular inquiring concerning the increase and infectiousness of cancer. The questions cover, besides the increase of cancer, its age incidence, anatomical site, its relations to families, to habitations, to soil, etc.

The second International Congress on Hypnotism will be held in Paris from August 12 to 16, 1900. Among the topics of discussion will be the terminology of hypnotism, the place of hypnotism in general and in special therapeutics, the legal relation of suggestion and hypnotism, and the responsibilities of experimental work in hypnotism. Dr. Jules Voisin will preside.

Washington Notes.

There were 114 deaths in the District last week—thirty-one from lung diseases, eleven from brain diseases, five from diphtheria, six from typhoid and one each from pertussis and scarlet fever. There are seventy cases of diphtheria and seventy-four cases of scarlet fever, and seven cases of smallpox in isolation.

The board of directors of the Columbian University Hospital at their last meeting completed the first year's work of the institution, recording 1079 cases during the year. The support of the hospital came from voluntary contributions and from revenue of the private wards. Dr. A. F. A. King was elected president of the board of directors for 1900.

District Attorney Duvall has rendered his opinion regarding the mixing of drugs in hospitals and dispensaries, stating that the requirement of registered pharmacist to fill prescriptions and mix medicines applies only to where such are sold, and that the law does not apply to physicians or to dispensaries where their composition is simply for their own patients, and not the product of a pharmacy or store.

The annual address of the Medical Society of the District of Columbia was delivered by President Dr. S. C. Busey before the Washington Academy of Science Wednesday evening. His subject was the "American Medical Ethics." Among other good points scored by the speaker was one in regard to the appellation of allopathy. The doctor said: "Many people and some physicians believe the appellation of allopathy to the regular medical profession is a complimentary designation and not intended as an opprobrium. If there is a class or sect of people who hold the therapeutic doctrine that diseases are curable by the production of other diseases, such persons are outside of the regular profession and not fit to practice the healing art. The code denominates its adherents and followers the regular profession, not in an invidious spirit, but because the system is based upon knowledge of the sciences which make up the science of medicine."

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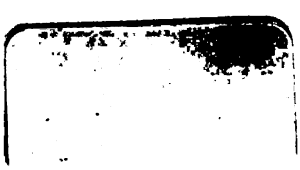

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